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ABSTRACT

This book was written to serve as a basic text in courses that overview the use of counseling services and to serve as a useful reference for counseling practitioners. It is designed to stress counseling services in different settings (social agencies, mental health centers, schools, business/industry, correctional institutions, and private practice). The 14 chapters in the book include: (1) "Origins and Growth of Counseling" (H. Borow, C. W. Humes); (2) "Factors of Social and Economic Change" (D. J. Blum); (3) "Counseling Theories & Techniques" (D. E. Hutchins, K. K. Meo); (4) "Appraisal Services" (L. H. Seligman); (5) "Consultation" (J. H. Miles); (6) "Career Information" (C. McDaniel); (7) "Career Development" (E. R. Kragie); (8) "Counseling Needs of Special Populations" (C. W. Humes); (9) "Computer Applications in Counseling" (L. J. Richmond); (10) "Family Counseling" (H. G. Getz); (11) "Referral and Collaborative Working" (C. G. Cole); (12) "Community Resources" (K. S. Sewall); (13) "Credentialing" (T. P. Remley, Jr.); and (14) "Legal and Ethical Issues" (L. C. Talbutt). Each chapter contains its own reference list. Ethical standards are appended.
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Services, Applications, Issues

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CONTEMPORARY COUNSELING

Services, Applications, Issues

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DEDICATION

This book is dedicated to my splendid young ladies, Rebecca E. Humes and Malinda M. Humes, who will accomplish much in the years ahead.

ACKNOWLEDGEMENTS

The editor wishes to acknowledge the positive support and direction offered by the publisher, Dr. Joseph W. Hollis, who put his many years as a counselor educator to good use in the timely and efficient supervision of the manuscripts. A publisher must show patience and understanding with an edited work involving 14 different contributors. Joe has these attributes and persevered with us.

FOREWORD

No one would have expected 80 years ago that counseling and all its services would have emerged into what it is today. Even 40 years ago, few anticipated the expansion of those services to a wide variety of people in school as well as community settings. Today, all along the developmental life span, preventative and remedial counseling services are available through employment, churches, hospitals, and community clinics, to name only a few of the available places where counseling is practiced.

This comprehensive book meets the necessity of bringing together these many advances in the practice of counseling. It provides an excellent introduction to the counseling field and a review of the current issues and critical questions that these issues raise. Counseling services are increasingly being recognized as first line, cost effective ways to meet a number of individual and society needs.

I prefer to think of the broadening and refining of counseling services as a natural maturing process in response to concerns that continually develop in society. At the turn of the century, counseling services were being initiated in educational and vocational institutions and the focus was primarily on vocational counseling. Helping members of a democratic society make wise and informed occupational plans and choices is still the foundation upon which the counseling profession is based. Probably no better therapy can be obtained than an appropriate and satisfying job. Two important chapters focus on this service in the book.

Outside of the U.S. National Defense Education Act of 1958, one of the most significant legislative thrusts has been the community mental health goal. Work in the educational and mental health fields to find the least restrictive environment for those who need special education and mental health care has opened up many new and compassionate ways to treat these populations in local community settings. The expectation is that the demand for counselors in this area will continue to increase as new, smaller community-based settings are established.

Historically, the term guidance was the term to encompass counseling, the study of occupations, and consultation. Recently, counseling has become the more commonly used word which includes these services. This change is reflected by the authors of *Contemporary Counseling*:

Foreword v

Services, Applications, Issues. However, the purpose of counseling has remained the same—to improve the education and mental health of the individual and the well being of society.

Seldom do we find an introductory book with such a broad as well as careful look at functions of counselors within the framework of services. For instance, the family counseling chapter by Dr. Getz includes examples and case studies which provide for the reader a clear theoretical and clinical introduction of family counseling. Family counseling for many situations is surely one of the most effective tools the counselor can use whether he/she is in a school, hospital, community agency or in a rehabilitation center. In the last few years, courses in family counseling have become an integral part of the counselor's preparation along with career development, appraisal, theory, techniques, and research methods.

The faculty and staff of counselor preparation programs wanting to introduce new students to counseling services and issues will find the book an excellent choice. The editor, Dr. Humes, and the other writers, have not simply catalogued the services but they have described the dynamic nature of counseling services and discussed the critical issues as they relate to those functions.

One of the critical issues is in what way, why, and how are counselors to be involved in implementing public policy or are they primarily there to service their individual client or student. This dilemma is most clear in the area of special populations where counselors have been called upon to serve special populations and equalize opportunities for women and members of different racial and ethnic groups. Legal and ethical issues and questions of liability, confidentiality, accountability, and identification of who is really the client also are confronted and discussed in relevant chapters.

Another strong point for this book is that the authors have not forgotten the critical focus on the individual—paramount in the foundation of guidance and counseling. Work with groups, community resources, and families is a vital practice but the uniqueness of the individual and the value of that person has been emphasized as well in *Contemporary Counseling Services: Services, Applications, Issues*.

Counseling and related services are in most communities the first line of identification, referral, and/or care of people who have needs.

Counselors in schools, employment agencies, universities and community clinics are usually the first ones who detect and initiate preventative and remedial action. However, counselors and people who write about counseling often give the impression that counselors are miracle workers because they have been charged with or they accept the change to meet so many concerns which individuals and society effectively tell them to do. Research, evaluation, and experience have taught us to be cautious about meeting claims for high expectations, taking on such charges for responsibility but not to the point where we lose that excitement, energy, and belief that counselors and counseling do make a difference.

My hat is off to these experienced authors of this book who have provided us with both the breadth and insight into an exciting and growing profession and to the editor for bringing it all together.

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PREFACE

The genesis of this book arose from the inability of the editor to find a suitable textbook for an introductory course in counseling services. Although some recent textbooks have been published to reflect the new generic approach to counseling, the focus in these works has been on the counseling process *only* rather than the aggregate counseling services. Counseling is a process that is frequently used within the framework of other traditional "helping profession" services. This collection of original author products is unique in that it relates counseling to other services, applications, and issues.

The book is designed for two major purposes: first, to stress counseling services in different settings, for example, social agencies, mental health centers, schools, business/industry, correctional institutions, private practice; and second, to replace school-based texts used commonly in basic courses titled "Principles and Practices of Guidance," "Introduction to Counseling," "Foundations of Guidance," and so forth. We recognized that counseling services no longer represent simply a school-based point of view. Counseling services now are offered in other settings and their by-products have a common thread regardless of location or delivery system. In addition, counseling courses are now offered in other university departments besides those housed in Colleges or Schools of Education.

These chapters in this book were written by authorities with expertise in respective content areas. Readers will recognize many names of national prominence. On the other hand, some names are relatively new to the literature field and are ones who offer promise for future contributions to the profession. In an omnibus book such as this, the grouping of chapters has been done to enhance overall readability and content sequence. However, some readers may feel that chapter regrouping or sequencing may be more appropriate for their particular setting and uses. If so, readers are encouraged to use chapters in whatever order seems appropriate for them.

Although this book will be used primarily as a basic text in courses that overview the use of counseling services, it should be extremely useful to current practitioners as a reference and source for staff development/in-service efforts.

CONTENT

Dedication	iii
Acknowledgments	iv
Foreword	v
Preface	viii
Figures	xv
Tables	xv

1. ORIGINS AND GROWTH OF COUNSELING, H. Borow

and C.W. Humes	1
<i>American Roots of Counseling</i>	4
<i>Early Efforts at School Guidance</i>	11
<i>NDAE and School Counseling</i>	13
<i>College Level Counseling</i>	14
<i>In Diverse Settings</i>	16
<i>Into The Future</i>	18
<i>References</i>	19

2. FACTORS OF SOCIAL AND ECONOMIC

CHANGE, D.J. Blum

<i>Social and Economic Factors of The 60s and 70s</i>	23
<i>Economic and Racial Disparity</i>	23
<i>Youth Protest</i>	23
<i>Vietnam War</i>	24
<i>Poor and Unemployed</i>	25
<i>Aged</i>	26
<i>Birth Control</i>	26
<i>Women in the Work Force</i>	27
<i>Family Problems</i>	27
<i>Concern for Health and Safety</i>	28
<i>New Technology</i>	29
<i>Loss of Faith in Government</i>	29
<i>Influential Factors of Economic and Social Change During the 1980s</i>	30
<i>Group Living Patterns</i>	31
<i>Other Family Problems</i>	31
<i>Fear of Nuclear Accidents and War</i>	32
<i>Influence of Technology</i>	32
<i>Career Patterns</i>	34
<i>Education in the 1980s</i>	35
<i>Lifelong Education</i>	35
<i>Shift to an Aging Population</i>	36
<i>Multi-Cultural Society</i>	36
<i>Concern for Health and Safety</i>	37
<i>The Future of Counseling During the 1980s and 1990s</i>	38
<i>Continuing Emphasis of Litigation</i>	38
<i>School Counseling</i>	39

Content ix

<i>School Counselor Accountability</i>	40
<i>Career Education in the Schools</i>	41
<i>Counselor Preparation</i>	41
<i>Counseling Specialties</i>	42
<i>Increase in Need for Mental Health Services</i>	42
<i>Increase in Need for Counseling Services by Business and Industry</i>	43
<i>Trends in Counseling for the 1990s</i>	43
<i>Conclusion</i>	44
<i>References</i>	45

3. COUNSELING THEORIES & TECHNIQUES, D.E. Hutchins, and K.K. Meo 49

<i>Counseling/Helping Process</i>	49
<i>Building the Relationship and Identifying Client Concerns</i>	50
<i>Establishing Realistic Counseling Goals</i>	51
<i>Designing Effective Procedures</i>	51
<i>Terminating the Counseling Process</i>	51
<i>Selected Approaches to Counseling</i>	52
<i>Psychoanalysis</i>	52
<i>Adlerian Therapy</i>	53
<i>Person-Centered Therapy</i>	55
<i>Gestalt Therapy</i>	56
<i>Rational Emotive Therapy</i>	57
<i>Behavioral Counseling</i>	61
<i>Integrating Major Counseling Approaches</i>	62
<i>Summary and Comments</i>	67
<i>References</i>	68

4. APPRAISAL SERVICES, L.H. Seligman 71

<i>Purposes of Appraisal</i>	71
<i>Understanding</i>	72
<i>Information</i>	72
<i>Prediction</i>	72
<i>Selection</i>	72
<i>Classification</i>	73
<i>The Integration of Appraisal and Counseling</i>	73
<i>Appropriate Use of Appraisal</i>	74
<i>Approaches to Appraisal</i>	77
<i>Interviews</i>	77
<i>Standardized and Nonstandardized Tests</i>	80
<i>Subjective Self-report Measures</i>	85
<i>Observations</i>	86
<i>Information from Significant Others</i>	86
<i>Records</i>	87
<i>Planning the Appraisal</i>	87
<i>Settings For Appraisal Services</i>	89
<i>Schools</i>	89
<i>Colleges and Universities</i>	91
<i>Colleges/Universities</i>	92
<i>Community/Junior Colleges</i>	92

<i>Mental Health and Private Practice Settings</i>	94
<i>Business and Industry</i>	96
<i>Summary and Conclusions</i>	98
<i>References</i>	99

5. CONSULTATION, J.H. Miles 103

<i>Definition</i>	104
<i>History of Consulting</i>	106
<i>Educational Preparation of the Consultant</i>	108
<i>Theoretical Approaches to Consulting</i>	110
<i>Adlerian-based Model</i>	111
<i>Behavioral Consultation Approach</i>	113
<i>Mental Health Consultation</i>	115
<i>Process Consulting</i>	116
<i>Roles of Consultants</i>	118
<i>Consultation as a Stage Oriented Concept</i>	119
<i>Application of Consultation Strategies</i>	122
<i>Business and Industry</i>	123
<i>Mental Health</i>	124
<i>Educational Enterprise</i>	125
<i>Evaluation of Consulting</i>	127
<i>Ethics in Consulting</i>	129
<i>Summary</i>	131
<i>References</i>	132

6. CAREER INFORMATION, C. McDaniels 137

<i>Sources of Career Information</i>	137
<i>Film and Television—Action Pictures and Sound</i>	138
<i>Still Pictures and Sound</i>	138
<i>Large Visuals</i>	138
<i>Print</i>	138
<i>Automated or Semi-automated Systems</i>	139
<i>Miscellaneous</i>	139
<i>Others</i>	139
<i>Definitions</i>	139
<i>Importance of Career Information</i>	140
<i>Background of Career Information</i>	142
<i>The Early Years: 1900-1950</i>	142
<i>A Period of Sophistication: 1950-1980</i>	142
<i>A National Policy for Better Career Information: 1980 and Beyond</i>	144
<i>Elements in a Comprehensive Career Information System</i>	147
<i>Using Career Information in Counseling</i>	149
<i>Individual and Group Counseling</i>	151
<i>Possible Sources</i>	152
<i>Suggested Sources for a Career Resource Center</i>	153
<i>Primary Sources—The ones most needed</i>	153
<i>Secondary Sources—If more money is available</i>	154
<i>Other Useful Sources—If any funds remain</i>	155
<i>Useful Lists/Charts/Numbers</i>	155
<i>From State Capitol Sources</i>	156
<i>Local Sources</i>	156

<i>Evaluation of Career Information</i>	157
<i>Annotated References</i>	158
<i>References</i>	159

7. CAREER DEVELOPMENT, E.R. Kragie 163

<i>Dynamic Factors Influencing Career Development</i>	164
<i>Self Concept and Self Esteem</i>	165
<i>Values, Aptitudes, and Interests</i>	165
<i>Aspirations and Stereotypes</i>	167
<i>Legislation</i>	168
<i>Wagner-Peyser Act</i>	168
<i>George-Dean Act</i>	168
<i>P.L. 85-864</i>	169
<i>P.L. 94-482</i>	169
<i>Job Training Partnership Act of 1983</i>	169
<i>P.L. 98-524 (The Carl Perkins Vocational Education Act)</i>	170
<i>Theories of Career Development</i>	171
<i>Trait-Factor</i>	171
<i>Personality Theories</i>	173
<i>Developmental Theory</i>	176
<i>Decision-making Theories</i>	179
<i>Social Learning Theory</i>	180
<i>Career Planning Models</i>	181
<i>School-based Programs</i>	182
<i>Employee-based Programs</i>	184
<i>Individual-based Programs</i>	185
<i>Trends and Issues Relating to Career Development</i>	186
<i>Women</i>	186
<i>Ethnic and Racial Minorities</i>	188
<i>Handicapped Persons</i>	188
<i>Occupationally Displaced</i>	188
<i>Older Persons and Career Development</i>	189
<i>Conclusion</i>	191
<i>References</i>	192

8. COUNSELING NEEDS OF SPECIAL POPULATIONS, C.W. Humes 197

<i>Common Needs of Special Populations</i>	198
<i>Elimination of Stereotypes</i>	198
<i>Need for Role Models</i>	199
<i>Career Opportunities</i>	199
<i>Self-fulfillment</i>	200
<i>Self-identity</i>	201
<i>Need for Economic Opportunities</i>	201
<i>Acceptance by Society</i>	202
<i>Major Legislative Thrusts</i>	202
<i>Definitions and Descriptions of Terms</i>	204
<i>Specific Counseling Needs of Special Populations</i>	207
<i>Handicapped</i>	208
<i>Women</i>	209

Blacks	211
Older Persons	212
Hispanic-Americans	214
Single Parents	215
Minority Identity Development (MID) Model	216
Counselor Strategies	222
Summary and Conclusions	223
References	224
 9. COMPUTER APPLICATIONS IN COUNSELING,	
L.J. Richmond	229
Computer Driven Revolution	230
Software	231
Identifying and Evaluating Software for Counseling	233
Nuts and Bolts of Hardware	234
Capabilities of Computers and People	236
Positive Effects of Computer Use in Counseling and Guidance	238
Examples of Existing Software	241
Importance of the Computer for the Handicapped	245
Futuristic Perspectives for Computer Applications in Counseling Services	246
Conclusions	249
References	251
 10. FAMILY COUNSELING, H.G. Getz	255
Principles of Family Systems Theory	256
Family Assessment	258
Information Processing—Communication	258
Coping with Change	259
Identity Formation	260
Role Structuring	261
Counseling Process With Families	262
Problem Assessment Phase	262
Problem Solving Phase	263
Case Study	265
Assessment of the Client	265
Intervention with the Client	265
Assessment of the Family Structure and Functioning	265
Intervention with the Family	267
Overview of Different Family Counseling Approaches	268
Psychodynamic Model	268
Structural Model	270
Strategic Model	271
Experiential Model	272
Training and Supervision in Family Counseling	273
Conclusion	274
References	276
 11. REFERRAL AND COLLABORATIVE WORKING, C.G. Cole	279
Two Approaches	280
Referral	281

Collaborative Work	282
Types of Resources for Referral and Collaborative Working	283
Public and Quasi-public Agencies	283
Educational Resources for Referral and Collaborative Working	285
Private Practice Counselors and Therapists	286
Medical Resources and Collaborative Working	286
Other Community Resources and Collaborative Working	287
The Process of Referral and Collaborative Working	288
When to Refer	288
When Not to Refer	289
To Whom to Refer	290
How to Refer	291
Responsibilities of the Referring Counselor	291
Responsibilities of the Receiving Counseling Professional	292
Suggestions For New Counselors	293
Summary	294
References	295
12. COMMUNITY RESOURCES, K.S. Sewall	297
Essential Components for Utilization	298
Available Community Resources	300
Physical Health Resources	302
Psychosocial Resources	310
Other Educational and Vocational Resources	317
Summary and Conclusions	321
References	321
13. CREDENTIALING, T.P. Remley, Jr.	323
Professionalization of Counseling	324
History of Credentialing	327
Sources of Credentials	329
Accreditation	330
Graduate Degrees	332
Credentialing by Governmental Agencies	332
Credentialing by Non-Governmental Agencies	335
Current Issues	336
Adverse Effect of Credentialing	336
Employment Entry	337
Specialized Credentials	337
Third-Party Payments	338
Licensure Legislation Issues	338
Conclusion	339
References	340
14. LEGAL AND ETHICAL ISSUES, L.C. Talbutt	345
Ethical Standards	346
Limitations	348
Confidentiality and Privileged Communication	351
Civic Liability	357
Summary and Conclusions	363

<i>References</i>	365
APPENDIX: Ethical Standards	369
INDEX	379

LIST OF FIGURES

3.1 The ABC's of Rational Emotive Therapy	59
3.2 The Thinking, Feeling, Acting (TFA) Triangle	64
3.3 The TFA Triangle showing the Feeling Approaches	65
3.4 The TFA Triangle showing the Acting Approaches	66
6.1 Statewide, Computer-Based Career Information Delivery Systems	146

LIST OF TABLES

8.1 A Minority Identity Development (MID) Model	219
8.2 Application of MID to Specific Learning Disabilities	220
9.1 Relationships Between Computers and Counselors	240



Henry Borow

HENRY BOROW is professor of educational psychology in the Counseling and Student Personnel Psychology program at the University of Minnesota. He earned his Ph.D. degree in psychology at Pennsylvania State University.

Dr. Borow is author and editor of more than one hundred articles, books, and tests on counseling psychology, academic achievement, and career development, including editorship of *Man in a World at Work* and *Career Guidance for a New Age*, both under sponsorship of the National Vocational Guidance Association, and coeditorship of the Research Frontier department of the *Journal of Counseling Psychology*. He has served on the Council of Representatives of the American Psychological Association and as president of both the National Vocational Guidance Association and the American Psychological Association and as president of both the National Vocational Guidance Association and the American Psychological Association's Division of Counseling Psychology. He was a recipient of NVGA's Eminent Career Award.

Charles W. Humes' biographic sketch is provided at the beginning of Chapter 8.

CHAPTER 1

ORIGINS AND GROWTH OF COUNSELING

Henry Borow, Ph.D. and Charles W. Humes, Ed.D.

The practice of counseling has no clear beginning in history. Indirect evidence from social anthropology strongly suggests that the general customs of inducting the young into an understanding and adoption of prevailing cultural norms through deliberate indoctrination, advice giving, and example reaches back to the prehistoric era, perhaps to primordial human existence itself. Nurturant motives manifested as efforts to help those facing difficulties with social and psychological coping appear to be timeless and virtually universal. In the mythologies of Asian civilization and of early Greek, Roman, and Teutonic cultures, godlike creatures are depicted not only as wielders of supernatural powers, but as often confidants and agents of personal enlightenment for troubled mortals.

Although the first institutionalized forms of systematic counseling are generally recognized to have arisen in Western societies, particularly in America around the turn of the twentieth century, they were long

Ch 1 Origins and Growth of Counseling 1

preceded by a rich variety of spiritually based counseling forms in the East. As Murphy and Murphy (1968) have shown, such systems were often rooted in the precept of humanity's oneness with the universe, and they emphasized the search for the meaning of inner experience (enlightenment) and the mystical acceptance of and harmony with one's environment. Linked closely with some of the primitive religions of northern Asia have been the folk therapies practiced over time and widely accepted by the masses. At the core of the rationale of such approaches to helping those in distress was the notion of powerful spirits as shapers of lives and destinies, spirits whose influence could be moderated only by the intercession of a specially endowed medicine man or shaman (Saeki & Borow, 1985). Although they have few, if any, close analogues in the contemporary Western world, folk therapy and shamanism still enjoy broad acceptance in some Asian and South American societies today.

Seen in historical perspective, many of the tutoring practices employed in European countries over the centuries embodied elements bearing striking similarities in aims, and in lesser degree, in methods to modern counseling. Those assigned the high responsibility for educating youth frequently observed no clearly marked boundary between inculcating formal knowledge and intellectual skills, on the one hand, and providing guidance in personal adjustment, values clarification, and interpersonal effectiveness, on the other. What began as the teaching of a particular subject-matter discipline or craft often broadened into preparation for general living.

Social forces at play in Europe around the seventeenth century also brought the first stirrings of democratic and humanistic ideals into the schools. Such forces, which included an emerging scientific empiricism, a gradual shift toward secularism, the rise of mercantilism and a socioeconomic middle class, helped create an educational climate favorable to the principles of individualism and utilitarianism, principles that were later to become cornerstones of a philosophy of guidance. Miller (1971) reported the seminal influence of the ideas of Comenius, John Dusy, and others in Europe and of Jefferson and Franklin a century later in America on the emergence of a liberalized, more functional curriculum attuned to the differential capabilities and aspirations of students. Implicit in such notions was the belief that schools should encourage the full development of each individual and, by so doing, widen the range of effective life options.

The earliest proposals to foreshadow modern guidance centered in many cases upon the important problem of helping individuals in the selection of suitable careers. Plato's *The Republic*, written approximately 400 years before the Christian era, described a Utopian order in which men would be classified for occupational service as statesmen, soldiers, and laborers according to their ability. Brewer (1942) cited the 1575 proposal of Juan Huarte, physician-philosopher in the court of King Philip II of Spain, drawing attention to the problem of inappropriate preparation for work and advocating the use of physiological and aptitude measures to rectify matters.

Astonishingly enough, the concept of using assessment techniques to decide on the occupational qualifications of individuals has a much longer history still. Ancient China, apparently around 2200 B.C., established a national system of proficiency appraisal for candidates for public office. During the Chan dynasty, about 1000 years later, a formal testing system was installed to measure achievement in a variety of subjects, such as writing, mathematics, and music. Testing was later expanded to cover the fields of Confucian classics, agriculture, civil law, and finance. This Chinese competitive examination procedure, which was abolished when China established its first modern universities shortly after the turn of the twentieth century, served as one model for European and American civil service examination systems and presaged the use of tests in Western-style vocational guidance (DuBois, 1965).

Zytowski (1972) claimed that at least sixty-five books of information about occupations appeared before the time of Frank Parsons, generally acknowledged to be the titular father of modern guidance. Zytowski traces such publications as far back as the fifteenth century, citing a volume by Rodrigo Sanchez, a Spanish clergyman, that gave detailed accounts of two groups of occupations, church-related and secular. Books on occupational information grew in popularity during the nineteenth century. The diversification of industry and the gradual weakening of hitherto rigid social class barriers brought increasing attention to problems of proper career choice and training, both in western Europe and the United States. Concern with this matter was reflected in the popular publications of the era, many of which were of an inspirational genre, long on moral preachment about the virtues of industriousness and self-improvement. An early example was *The Panorama of Professions and Trades, An Everyman's Book*, published by Edward Hazen in Philadelphia in 1836. Hazen evidently intended

parents for his primary readership, and he importuned them to acquaint their children with occupations, of which his book described sixty-eight.

Nearly half a century later, Lysander S. Richards (1881) published *Vocophy*, a curiously prophetic work in which he proposed the development of a new specialist whose knowledge both of occupations and of physiological and anatomical characteristics would qualify him to assist people in making wise career choices.

Richards' vocophy was visionary only. He evidently made no overt attempt at practical implementation of his fanciful construction. Yet, in at least two respects, his unrealized proposal was a harbinger of a new type of human service the formal establishment of which lay approximately a quarter of a century beyond. First, Richards was evidently the first writer to apply the term counsellor (British spelling) to this hypothetical purveyor of career guidance. Secondly, like Frank Parsons after him, he conceptualized the proposed new field as of sufficient complexity to require university training at a level of that of law and medicine (Brewer, 1942; Borow, 1984).

AMERICAN ROOTS OF COUNSELING

The foregoing discussion indicates that the practice of counseling in the modern era took recognizable form essentially as vocational or career guidance. Indeed, in the earlier years of the movement in the United States, perhaps until as late as 1930 or beyond, the concepts of guidance and/or counseling were regarded as many writers and practitioners, particularly those in school settings, as synonymous with vocational guidance. But what accounted for this emphasis on problems of career choice and employment and why did the initial significant thrust occur in the United States?

Vocational guidance in turn-of-the century America was a product of its time. A leading counseling historian, John Brewer, identified four interdependent national circumstances that created a climate favorable to the emergence of the movement. These conditions were the diversification of work and the attendant division of labor, the rise of industrial technology, the growing impact of democratic principles upon such

social institutions as the schools, and the expansion of vocational educational programs (Brewer, 1942).

The industrial revolution, which had its beginnings in Europe in the latter half of the eighteenth century, brought with it radical alterations not only in the ways in which goods were produced and marketed, but in overall occupational structure as well. Where previously perhaps two or three dozen common types of work had been completely performed by generalists from the acquisition of raw materials to the finished product, new occupations were cropping up as part-process specialties often performed at fixed work stations in gritty factories.

In the United States, too, marked demographic changes and the disruption of traditional modes of living and working were inevitable consequences of the spreading industrial technology. The inexorable shift from an agrarian economy to an industrial and urban one brought large numbers of rural migrants as well as immigrants from foreign countries to the great eastern metropolitan centers. In less than a century (1870-1960) the United States transformed itself from a nation with a 75 percent rural population to one with more than 70 percent urban dwellers. Many of those who came to the cities were cut off from their traditional family livelihoods by both geography and technological obsolescence. Occupational inheritance, the social process by which the young made the passage to adult status and economic independence through mastery of the parental trades, declined in importance. Many were forced to compete for types of work about which they had no information and for which they lacked job-search skills.

Unsettled times marked the America of the 1890s and the early years of the new century. Urban disorganization, ghetto life with its enclaves of poor and often unfranchised immigrants, unendurably long work weeks in the industrial sweatshops, and blatant child labor exploitation were among the conditions of the period. Sociopolitical ferment was widespread and a spirit of social reform pervaded the national psyche. Insistent calls for the redress of social and economic injustices were to be heard in such powerful exposes as Jacob Riis' *How The Other Half Lives* and John Spargo's *The Bitter Cry of the Children*. Upton Sinclair's *The Jungle* fueled public outrage by its searing description of life and work in the Chicago stockyards. Lincoln Steffens, an investigative reporter and relentless social critic, captured the sordidness of the period in his *Shame of the Cities*.

National programs of sweeping social change followed. Settlement houses were established. Hull House in Chicago, perhaps the best known among them, became a model for others. These centers performed many services related to the Americanization of immigrant groups, such as literacy and citizenship training, and short-term job training and placement.

One segment of the population which became the subject of energetic attention by social reformers was the out-of-school youth. State child labor laws were either nonexistent or weak and ineffectually enforced. An 1894 report disclosed that a substantial majority of school children of Boston, Philadelphia, and Washington had left school before completing the elementary grades. In Massachusetts a decade later, the governor's Commission on Industrial Education found that 25,000 boys and girls aged 14 to 16 had dropped out of school and were working in the factories, often under deplorable conditions (Stephens, 1970). The employment of young children was so commonplace that the Bureau of the Census, until at least the 1910 census, used age fourteen as the basal age in computing the nation's labor force participation rate. A significant corrective step was taken with the creation of the National Child Labor Committee in 1904. But while this body was instrumental in promoting legal measures to safeguard the health and improve the working conditions for younger workers, the major advance in broad national control of child labor abuses did not occur until passage of the Fair Labor Standards Act in 1938.

As noted earlier, dissatisfaction with the human problems spawned by technological and economic change found strong expression in the advocacy of social reform. The America of 1900 was a robust and still moderately young country, confident of its future. Despite an uneven record on the protection of civil liberties and on controls over the excessive exercise of corporate power, it was wedded to the sociopolitical ideals of egalitarianism. That Americans were wary of systems of special privilege and rigid class lines, such as had existed in the countries from which they or their forebears had migrated, made them sympathetic to the notion that human worth is to be judged more by potential and by achievement than by accident of birth. A corollary of this precept was the conviction that each individual should be provided the opportunity to develop his/her capabilities to the fullest measure. Such were the national values that powered the emergent counseling and guidance movement in the United States.

The successful establishment and growth of any complex technical service such as counseling cannot, of course, rest upon social ideals alone. A body of relevant empirical knowledge, systematically linked to a tested methodology, is also required. It is a curious coincidence of history that the first serious proposals for guidance services in the schools and community were being made at a time when the applied behavioral sciences, particularly psychology, were beginning to appear in a potentially usable form. It was not that the insights and techniques of these new disciplines were so precise and potent. Rather, it was a case of believing that the generalized investigatory approaches that were proving so effective in the natural sciences could now be successfully applied to the assessment and improvement of human behavior.

Advances in at least three behavior research specialties had relevance for the new field of counseling. G. Stanley Hall founded what may have been the first American psychology laboratory at Johns Hopkins University in 1883. His work there and later at Clark University, using questionnaires and other methods to collect data on the mental characteristics of children, laid the groundwork for what came to be known as the child study movement. This movement, which regarded the individual as the prime unit for psychological study, stimulated changes both in popular attitudes about children and in childrearing and schooling practices.

In the same bustling period, a resort to new techniques was promising to revolutionize the ways in which work was being performed in industry. A principal contributor was Frederick W. Taylor who, at the close of the nineteenth century, launched a series of systematic investigations to rationalize work methods. In his influential 1911 book, *Principles of Scientific Management*, Taylor set out his principles of time study and kindred innovative notions about how work tasks could be more economically designed. His ideas and detailed methods of investigation, widely known as Taylorism, were largely responsible for the appearance of a new technical specialty, industrial engineering. The thesis that carefully controlled empirical studies, in the scientific manner, were applicable to occupational analysis and the workplace was also persuasively made by Hugo Munsterberg, a German psychologist who immigrated to the United States and continued his studies on occupational psychology as a faculty member at Harvard University. The American edition of Munsterberg's *Psychology and Industrial Efficiency* in 1913 included a brief chapter on "Scientific Vocational Guidance."

A third behavior research specialty of the era that likewise drew its underlying assumptions and strategies from science was the study of individual differences. A prominent wing of American psychology, expressing dissatisfaction with the highly subjective and mentalistic emphasis of the German psychology school of structuralism, embraced a formal objective measurement approach to the observation and reporting of differential behavior traits. Sir Francis Galton is generally regarded as the initiator of this field of study. Shifting from his earlier biographical approach to the study of the relative influences of heredity and environment on human ability, Galton in 1882 established a laboratory in London where tests of sensory acuity and reaction time were administered.

James McKeen Cattell, an American psychologist who had studied with Wilhelm Wundt in Leipzig, Germany in the first psychological laboratory, grew restless with Wundt's aim of accounting for the relationship between physical stimuli, e.g., sounds, colors, and the mental images and feelings they invoked. Cattell's intellectual curiosity was stirred much more by the variations he was observing in his subjects' responses and he decided to devote his energy to the study of individual differences and their practical implications. The first to use the term "mental test" in an 1890 publication, Cattell subsequently developed and experimented with tests at the University of Pennsylvania and Columbia University in an attempt to predict the scholastic achievement of college students from measures of their individual differences in selected abilities. The monumental work of Alfred Binet on the testing of intelligence in children began about 1896 and culminated in the appearance of the first Binet-Simon scale in 1905. Until the post-World War I era, however, the influence of the testing movement upon school counseling was negligible.

As has been noted, these significant advances in applied behavioral science were occurring at a time in which the prototypic guidance programs were being launched. The pioneers of American guidance might be said to have been driven more by crusading humanitarianism than by empirically validated methods. The dominant figure among them was Frank Parsons, a man who has often been called the "father of modern guidance." The appellation is not entirely accurate since Parsons, like other pioneers of the movement, was a product of his times and had the distinctive set of circumstances described above not coalesced as they did, no social reformer, however resourceful, could have left such an indelible mark on society. However, without question Parsons was an

individual of extraordinary vision and energy to whose efforts professional counseling owes a lasting debt.

The success of military psychologists in World War I with test development procedures brought new prominence to testing. The products of their effort included the Army Alpha, a group test of verbal mental ability, the Army Beta, a nonverbal test designed especially for testing illiterates, and the application of systematic procedures for the identification of enlisted men with high intellectual promise for officer training. Unfortunately, the impressive achievements of the U.S. Army testing program led to uncritical acceptance and misuse of tests by schools and industrial firms following World War I. Ultimately, a strong reaction against testing set in, and it was not until the 1930s, and then only slowly, that testing began to find an accepted place in guidance programs of schools and social agencies.

The first psychological tests to enjoy wide use both in industrial personnel selection and in the schools were measures of general mental ability or intelligence. In the period between World War I and World War II, large numbers of tests of special aptitude were developed. Such instruments were welcomed by those sufficiently well-trained to use them in vocational counseling, since they provided helpful information about the differential probabilities of success or failure of counselees who were considering various alternatives in school curricula or occupational training programs. The introduction of the vocational interest test made it possible to examine still another dimension of the counselee's potential fitness for various fields of study or job training. The first interest questionnaire was developed by James B. Miner in 1918 at the Carnegie Institute of Technology in Pittsburgh. Building on the work of Miner and others, Edward K. Strong, Jr., published the first edition of the *Strong Vocational Interest Blank* in 1927. After its introduction, it became increasingly common to include a measure of vocational interest as part of the test batteries administered in school and social agency counseling programs.

The economic depression of the 1930s produced renewed interest in the counseling of young people with particular stress being given to their problems of unemployment and job placement. Three important contributions to guidance at that time are worthy of note. Beginning in 1931 programatic studies of psychological factors related to unemployment, launched by the Minnesota Employment Stabilization Research Institute, demonstrated that effective guidance services and personnel

selection techniques could furnish highly useful supplements to the more classical economic approaches to the treatment of a depressed economy.

In 1933 the American Association for Adult Education, with funding by the Carnegie Corporation of New York, created the National Occupational Conference which initiated a variety of projects bearing upon vocational guidance and occupational adjustment. These projects included research and evaluation studies and assistance to the national Vocational Guidance Association for the publication of the latter organization's journal, *Occupations*.

The American Association for Adult Education and the Carnegie Corporation also are credited, again in 1933, with cooperative effort in founding the Adjustment Service of New York City. The testing and counseling methods which this nonfee agency furnished, chiefly to young unemployed adults, set a pattern for the practices adopted by many other guidance agencies which were established elsewhere.

College-trained as an engineer but subsequently recording an astonishingly diversified career as a high school teacher, lawyer, candidate for political office, and professor of law, Frank Parsons turned his attention increasingly to pressing problems in the social work field. It was as social worker and administrator that, in 1905, he helped found Breadwinners' College (later renamed Breadwinners' Institute) at Civic Service House in Boston. Actively concerned about social inequities, Parsons rejected social Darwinism (the survival of the fittest within the existing social and economic system) and instead promulgated a humane conception of work based upon the "philosophy of mutualism," by which one's work would be motivated chiefly by compassion for one's fellow man. Concluding that a rigid academic influence within the schools was causing large numbers of students to leave prematurely and to flounder wastefully in their search for suitable employment, he proposed the establishment of the Vocation Bureau with a primary emphasis upon vocational guidance. As part of his plan, Parsons offered a three-point rationale for systematic vocational guidance, a method he called the method of "true reasoning." This method, which has influenced vocational guidance practices to the present day, consisted of the vocational counselor's giving the counselee assistance in making a self-analysis of his needs and aptitudes, information regarding the requirements of various occupations, and assistance in matching the information about himself with that on occupations.

Parsons served for a brief time as the first director of the Vocation Bureau of Boston and presented to the Bureau's executive committee his sole report on the guidance procedures he had used in the counseling of more than 80 young men and women. His classic treatment of this new field of work, *Choosing a Vocation*, was published posthumously in 1909. After the death of Parsons in 1908, the focus of activity at the Vocation Bureau shifted to the creation of a new profession, that of personnel manager in industry, and to the training of teachers in the Boston area who had been designated as counselors.

In retrospect, we know Parsons as one who believed in the promise of the clinical method in counseling. But research-based appraisal instruments and refined counseling procedures were not yet available for his use. Of this lack, Parsons was keenly aware. He closed his *Choosing a Vocation* with a remarkably prophetic observation:

When [the] time does come, education will become the leading industry, and a vocation bureau in effect will be a part of the public-school system in every community—a bureau provided with every facility that science can devise for the testing of the senses and capacities, and the whole physical, intellectual, and emotional make-up of the child, and with experts trained as carefully for the work as men are trained today for medicine and the law. (1909, p. 165)

EARLY EFFORTS AT SCHOOL GUIDANCE

Although Frank Parsons advised high school students as well as out-of-school clients at the Vocation Bureau of Boston and did much to influence school guidance practice by his exposition of the three-step vocational counseling rationale, he did not actually work as a counselor in the schools or directly establish school guidance programs. These contributions were made by other pioneers, notable among them Jesse B. Davis and Eli Weaver.

Davis initiated his counseling with boys and girls at Central High School in Detroit, Michigan, in 1898, actually several years before Parsons' work in Boston. After ten years of such counseling on educational and vocational problems, Davis became principal of the high school in Grand Rapids, Michigan, and began to introduce guidance units directly into the curriculum, particularly in English and history courses. A few years later, he was lecturing widely to teachers across the country about his guidance methods.

Weaver introduced a number of guidance services at Boys High School in Brooklyn, New York, where he was principal beginning about 1904. His attention was drawn especially to financially needy students who were leaving school to look for jobs. For many such students he located summer farm work and after-school and Saturday employment. In 1906, Weaver published a booklet, *Choosing a Career*, and set up a student aid committee to provide vocational assistance to students. The idea of the student aid committee was quickly adopted by the other New York City schools and expanded in the form of a citywide committee which included a staff representative from each school.

James H. Bedford (1948), writing in the *Encyclopedia of Vocational Guidance*, estimated that by the onset of World War I more than 50 American high schools had initiated guidance programs. Since support was often uncertain and experienced personnel lacking, many such programs were of short duration. In 1912, Grand Rapids, Michigan became the first city to set up a system-wide department, but the arrangement was not permanent. Other cities to begin programs on a provisional basis included Los Angeles, Cincinnati, and Chicago. By 1914, Cincinnati, Minneapolis, Oakland, and Lincoln, Nebraska had installed permanent guidance departments within their school systems, and Boston followed suit the next year. Staffing and funding of school guidance programs at this time were almost invariably modest and only a small fraction of guidance workers were assigned to counseling on a full-time basis.

The Parsonian model of counseling did not immediately take root in the schools. A methodological factualism set in, involving at least three somewhat divergent approaches to vocational guidance, each with its own premises and devices. Adherents of one of these strategies, consisting chiefly of school guidance practitioners and teachers who acknowledged Parsons' influence upon their work, emphasized the dissemination of occupational information almost exclusively. Unfortunately, this practice was a distortion of their mentor's conception of well-rounded vocational guidance. Parsons, it will be recalled, emphasized the need to help the counselee make a self-analysis of abilities and interest, but lacked an available testing and diagnostic technology in that early period. He devoted much of his own work to the study of occupations and then made facts about occupations and job opportunities available to those who sought vocational assistance from him. The failure of guidance personnel in many places to move beyond the compilation and purveyance of occupational information limited the growth and effectiveness of school counseling in the years preceding World War II.

A second vocational guidance strategy, more commonly found in the colleges than in the secondary schools, relied heavily on principles derived from the psychology of individual differences previously discussed, and on the administration and interpretation of tests. This movement began with the use of tests of intelligence and scholastic achievement and was later broadened to include psychometric instruments which probed specific aptitudes, vocational interests, and personality traits. The counseling interview was devoted largely to the reporting of profiled test results and until the appearance of Rogers' client-centered counseling, tended to ignore the dynamics of counselor-student interaction and the clarification of student feelings, motives, and self-insight.

The third major vocational approach prospered in the vocational education programs and stressed the potential contributions to vocational adjustment of job-training tryouts, the teaching of marketable work skills and habits, and placement and follow-up services. For many years, the three major strategies briefly outlined here—occupational information dissemination, testing and test interpretation, and vocational tryout and training—existed side by side, but largely in a climate of mutual disregard or distrust practiced by educators with roughly similar vocational guidance aims but with widely varying backgrounds of training and assumptions about the nature of the counseling enterprise.

NDEA AND SCHOOL COUNSELING

The National Defense Education Act (NDEA) of 1958 was designed to remedy shortcomings in our educational system and to produce more scientific talent through testing and counseling. It was a response to Russia's successful Sputnik launch in 1957. The goal was to retool science education and guidance and was to play a strategic role in achieving it. Funds were provided first for high school counseling, but by 1964, amendments had extended support to elementary schools, junior colleges, and technical institutions. About 13,000 counselors were trained in summer or year-long NDEA institute programs in the first five years (Borow, 1964).

Counselor preparation through counseling and guidance institutes was a landmark in the history of counselor education. By 1967, over \$58 million had been spent on training more than 14,000 counselors in short-term (usually summer) institutes and nearly 5,000 in year-long institutes

(Hoyt, 1974). Provisions for the reimbursement of counselors' salaries dramatically increased the number of counselors employed in schools.

One striking result was that the number of full-time counselors in secondary schools increased from 12,000 in 1958-59 to over 29,000 in 1963-64 (Odell, 1973). The reimbursement made possible counselor pupil load ratio of 1:400 or 1:500 and facilitated the establishment of a developmental model of guidance from kindergarten through high school and beyond (Herr, 1974).

The period was marked by the implementation of new approaches used in the NDEA institutes. The influences of psychology and client-centered counseling increased, and group counseling became popular for counselors in training (Odell, 1973).

Attention was paid to preparation standards and role statements, and after the NDEA was passed, concern about these aspects emerged on a national scale (Hoyt, 1975). The *Statement of Policy for Secondary School Counselors* (Odell, 1973), was prepared by the American School Counselor Association (ASCA) in 1964. This report supported a two-year training program for counselors with practical work to develop skills.

At this time, three major publications dramatically moved forward the broad acceptance of guidance services. C. Gilbert Wrenn's book, *The Counselor in a Changing World*, defined the current status of school counseling and made far-reaching recommendations for economic, social, and occupational change in the world of counseling (Borow, 1964). Two other books, *The American High School Today* and *Slums and Suburbs* by James B. Conant, strongly supported guidance services and highlighted the need of disadvantaged inner-city youth. These publications generated wide support for school guidance.

COLLEGE LEVEL COUNSELING

A review of the developments at the post-high school level illustrates similarities and differences in public and higher education. While the settings are unlike in many ways, parallels are apparent in personnel and training to enable counselors to carry out guidance functions (Humes, 1971).

In the early 1900s, guidance at the college level was not affected by factors that stimulated developments in public secondary school. College student personnel work (comparable to pupil personnel work in schools) originated with the work of deans of women. By 1910, they had a variety of helping responsibilities, including vocational counseling. Deans of men arrived on campus later and served essentially as disciplinarians (Barry & Wolf, 1957). Educational guidance at the University of Chicago in 1905 focused on students' personal qualities and the selection of programs (Brewer, 1942). A 1912 survey identified many examples of educational guidance and a few programs of vocational guidance.

During the 20s student personnel work profited by the effects of studies and developments stimulated by World War I (Barry & Wolf, 1957). Tests were made available for admission and placement while more attention was focused on mental hygiene. Specialists began to develop, and in 1924 the National Association of Appointment Secretaries, later renamed American College Personnel Association (ACPA), was organized (Borow, 1964). A few institutions offered vocational counseling but a greater number continued to emphasize placement services (Brewer, 1942).

During the 30s, guidance and counseling at the college level continued to expand and search for directions. During the depression, its status and acceptance rose because enrollments increased and student groups became more heterogeneous (Barry & Wolf, 1957). Concern was growing about the nature and function of student personnel work. This resulted in the American Council on Education (ACE) publication, *Student Personnel Point of View*, which recommended an array of separate services for students (Barry & Wolf, 1957). Both the ACE and the ACPA were active in policy development (Borow, 1964).

During the 40s, 50s, and early 60s, student personnel workers delivered the traditional services: counseling, collecting and providing information, and exploratory activities for students (Barry & Wolf, 1957). Modifications in student personnel work began in the late 60s. Student personnel workers were involved in campus demonstrations; many due to the Vietnam War.

The economic problems of the 70s and 80s have affected all levels of counseling services, but have had a severe impact on activities in higher education. Budgets for counseling and student personnel services have been cut and traditional counseling models have been sharply criticized.

The decline in college enrollments will affect both programs and employment opportunities for counselors in training.

IN DIVERSE SETTINGS

Although the early history of counseling is intertwined with schools and colleges, a variety of settings in which counselors function now exist. The training of counselors for these diverse settings have a great deal in common and in many training programs little distinction is evident except for practicum and internship experiences. Although a steady movement since the 30s has existed in the direction of counseling in non-school settings, the major impact came as a result of World War II.

In 1944 the Veterans Administration (VA) established centers to provide counseling for those receiving benefits under the GI Bill, which provided training and education for veterans. Many counselors were trained in VA supported counseling services on college campuses. The VA did much to broaden and professionalize the role of the vocational counselor. In 1951, the VA established the position of counseling psychologist, in line with newer concepts from psychology and related disciplines (Borow, 1964).

Indirectly, the influx of veterans in colleges gave counseling another boost. Many schools added counselors to their staffs to help graduates gain admission to competitive institutions of higher education. The effects of this emphasis were felt for many years after the initial postwar period.

Counseling also benefited from federal action to upgrade rehabilitation counselors. In 1955, the Office of Vocational Rehabilitation began providing training grants for these specialties (Borow, 1964).

Publication of journals, books, and psychological measurement instruments in the 40s and 50s added sophistication to counselors' theory and practice and made available up-to-date information for occupational planning. *The Occupational Outlook Handbook*, Donald E. Super's *Appraising Vocational Fitness*, and the U.S. Employment Service's *General Aptitude Test Battery* are outstanding examples. A new periodical, the *Journal of Counseling Psychology*, was established for counselors in clinical settings.

The professional status of the counselor was aided by the expansion of existing organizations and the initiation of new ones. In 1951, the newly formed American Personnel and Guidance Association (APGA) took over the journal of the National Vocational Guidance Association (NVGA), *Occupations*, and gave it the new title *Personnel and Guidance Journal*. The new organization brought together NVGA, the Association for Counselor Education and Supervision (ACES), and the Student Personnel Association for Teacher Education. The new association numbered about 6,000 (Barry & Wolf, 1957). In 1947, the American Psychological Association established Division 17, for Counseling and Guidance.

Today counselors are employed in a wide variety of settings. These include the United States Employment Services, rehabilitation agencies, correctional institutions, Veterans Administration, social agencies, business/industry, hospitals/hospices, armed forces, and private practice. This diverse group caused the American Personnel and Guidance Association in 1984 to become the American Association for Counseling and Development (AACD). This name change reinforced and emphasized the central core of this diverse group, namely counseling. The AACD now embraces 12 divisions and two organizational affiliates. They are as follows:

- American College Personnel Association (ACPA)
- Association for Counselor Education and Supervision (ACES)
- National Career Development Association (NCDA)
(formerly National Vocational Guidance Association)
- Association for Humanistic Education and Development
(AHEAD)
- American School Counselor Association (ASCA)
- American Rehabilitation Counseling Association (ARCA)
- Association for Measurement and Evaluation in Counseling
and Development (AMECD)
- National Employment Counselors Association (NECA)
- Association for Multicultural Counseling and Development
(AMCD) (formerly Association for Non-White Concerns in
Personnel and Guidance)
- Association for Religious and Value Issues in Counseling
(ARVIC)
- Association for Specialists in Group Work (ASGW)
- American Mental Health Counselors Association (AMHCA)
- Military Educators and Counselors Association (MECA)
- Public Offender Counselor Association (POCA)

AACD, in 1986, had approximately 49,000 members. The largest membership belonged to AMHCA with 10,300 members followed by ASCA with 9,800.

INTO THE FUTURE

In the evolution of counseling, demonstrating cause-effect relationships is difficult, but related historical events enable one to understand the present and forecast the future. The conditions that gave rise to the work of Frank Parsons is an excellent example. He developed concepts designed to meet societal needs of that time. The pattern was repeated many times over the years as witness the counseling response to the Depression, World War II, and Sputnik. A demand for helping services to assist people meet critical times or issues will always exist.

History shows us that continuity can be traced in the evolution of counseling but is clearly not linear in nature. Currently, some parts remain of earlier models, and have been revived or modified. On the other hand, some new models exist. Past is prologue in all matters and counseling is no exception. In the twenty-first century, the same irregular continuity will apply and the shape of events will determine the primacy of any model at any given time.

Counselors will be in the settings previously listed as well as in settings or situations that do not now exist. Private practice will be an attractive option. With 17 states having some form of licensure for counseling in 1986, then expecting all states to have such provisions in the twenty-first century is not illusory. Certain subpopulations will receive increased attention, for example, the older person and the very young child. We may also expect to see increased counseling activity in business and industry as an effort is made to combine "high touch with high tech."

Of one thing we may be sure, the timeless and universal nurturant motives that have always caused some people to help other people through episodes of internal or external stress remain. Services, applications, and issues may change over time but the script will not.

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CHAPTER 2

FACTORS OF SOCIAL AND ECONOMIC CHANGE

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Social and economic changes are often unforeseen and unplanned; yet they have an enormous impact upon all citizens as evidenced in Chapter 1. Economics influence laws which determine funding, and this funding often has an effect on the values and social life of the country. "In a heavily materialistic society the status of the economy often determines the physical and mental well-being of its members" (Hays, 1981, p. 14). Governmental regulations and funding influence the provision of counseling services and reflect not only the existing economic conditions and current political priorities, but also the values of society.

The needs of citizens also fluctuate as a result of social and economic changes. For instance, counseling needs of families, spouses, and children change when both parents work outside of the home. During periods of inflation to keep up with the cost of living, both parents are more likely to be employed.

Counselors help clients to understand and cope with all kinds of change. Some authorities in the field of counseling insist that counselors

should not only help their clients adapt to social change, but also teach their clients how to influence their environment to meet academic, psychological, economic, and social needs. These authorities believe that counselors should be knowledgeable enough about institutional change processes to facilitate planned change for their clients (Bradley, 1978). Counselors can help society and institutions provide a mentally healthy atmosphere for citizens. However, counselors are not isolated from nor immune to the effects of social and economic changes. Institutional policies generally are changed very slowly and they are subject to many factors such as politics which often are beyond the control of the client or the counselor.

Counselors must be aware of the possible results of governmental decisions and become more active in the political process if they are to become proactive in the profession. As Hays (1981) wrote: "True-Those who ignore the past are doomed to repeat it but those who ignore the future are doomed to live in a future over which they have no control" (p. 35). Counseling services must continually be designed and redesigned to meet the ever-changing social and economic needs of the nation's population. These needs may be very different for a broad range of people served by various societal institutions and agencies.

Professional counseling in the 1980s is provided in many different settings. These settings include hospitals, churches, colleges, agencies, businesses, clinics, schools, homes, street corners, and other places as well. Counseling and guidance was conducted almost exclusively in schools until the 1960s, but in the 1970s counseling services expanded significantly.

What caused the change and the expanded counseling services? The economic and social factors that operated within the 1960s and 1970s had an enormous impact. The problems embedded in the social system, which at first were only grudgingly acknowledged, were actively sought out and considered. The nation then came face to face with many complex issues, and a period of public debate, division, and even strife followed. Social change was the result of dealing with the social problems that citizens and leaders could no longer ignore. The violence, marches, and demonstrations forced social change. Changes in society influenced the expansion of counseling services.

Hays (1981) stated that the need for counselors arises when a major change in demographics of a society occurs. Significant changes in the

economy, world, and national politics, technology, or scientific progress tend to disrupt the lives of some people so they have difficulty in accepting and/or adjusting to the situation and consequently seek help in resolving the problems brought about by these changes. Some of the relevant and persistent factors follow.

SOCIAL AND ECONOMIC FACTORS OF THE 60s AND 70s

Economic and Racial Disparity

During the 1960s the United States had more wealth and affluence than any country in the history of the world but abject poverty also existed and living in the midst of so much wealth accentuated the plight of the poor. Economically the nation's citizens seemed to be at two extremes. As money became more plentiful to a wide segment of the population in the 1960s, the likelihood of this continuing seemed realistic and hopeful to those who were economically secure. But to those who were poor and unemployed, yet surrounded by wealth, the situation seemed hopeless.

The largest segment of the unemployed were Blacks who had been told for so long what to do, what to think, and how to act. To foresee continuing the pattern of national economic disparity was intolerable for them. Marches, demonstrations, and resulting riots were methods employed to get the hierarchy to listen. Many young people joined with Blacks as thousands of young civil rights workers staged sit-ins, boycotts, and protest marches. Demonstrations were met with beatings, shootings, burnings, bombs, and deaths.

Youth Protest

The decade of the 1960s was a time of protests directed at racism, war, and what was perceived as a society devoted only to technological and profit values. Responsiveness to people's human needs seemed to be lacking and consequently dissent was aimed at pointing up and, perhaps remedying the decline of human values in business and government. The young were free to look beyond personal affluence toward the realization

of universal justice and peace. Additionally, they felt free to challenge institutions.

Young people also were torn to make decisions. Part of the turmoil in the country was in response to the anguish in Vietnam. Some young people fled from the United States to Canada, Australia, and other countries, and some joined the Peace Corps, Vista, and other service agencies to avoid going to Vietnam. Some young people joined civil rights marches, and some demonstrated against the Vietnam War which was the longest and most unpopular in America's history. Other young people expressed fear of war or disgust with parental materialistic values by becoming flower-children or retreating to communes. Those who selected communes attempted to show, by their way of life, a disdain for material possessions and a desire to return to a simplistic and basic way of life. Some young people retreated to the use of drugs or alcohol.

As young people were attempting new life styles, they were talking and listening to each other. They recognized the value of having someone listen, and they experienced the relief of talking about their innermost concerns and problems. Peer groups and self-help groups provided a chance to talk about self and to recognize issues of mutual concern.

Vietnam War

The Vietnam War took many American lives and some Americans felt trapped in a war they could not win. Consequently, the war became a very hot political issue. The war brought out very strong feelings of anger, fear, and despair. Families of those who were killed in the war and loved ones of those who were missing needed help to sort out their feelings about a war that generated such ambivalent feelings. Counseling services were not available in sufficient numbers for these people. The military men who returned from Vietnam could receive assistance from the Veterans Administration but many needed more counseling services than were available. Unforeseen physical and emotional problems, as well as marital and family dissention and discomfort, resulted from the war and its aftermath. Not until 1985 did the government recognize openly some problems caused by the war such as war stress and accompanying psychological problems.

The United States finally withdrew from the unpopular Vietnam War when it was evident that we were not going to win. The American people objected to having more young Americans die for a cause that

was not easily understood. Continuing the war was not wise politically and President Nixon announced that Americans would return home from Vietnam.

Poor and Unemployed

The semiskilled and unskilled workers in the mass-production industries became the victims of technologically caused unemployment. During the early 1960s Congress authorized such anti-poverty experiments as Head Start, Neighborhood Youth Corps, Job Corps, and VISTA, all aimed at young people. In addition, community action programs were designed to allow the poor to participate in the operation of government projects. In 1964, Congress approved Medicare and Medicaid (which provided medical care for the poor). By the summer of 1964, more than 72 million Americans were at work, a record high (U.S. Department of Labor, 1976).

In the 1970s anxiety about unemployment and underemployment became evident. Underemployment means being employed below the level of training or education of the workers. As professional jobs decrease, people who are professionally trained take less desirable jobs, work part-time, or work at lower wages, forcing those less trained to be out of work. Many young people grew up believing that education would assure career success yet had to take unchallenging jobs which held little interest and had few opportunities for advancement (Costello, 1975). As a result, society called for employment counseling and career education.

Clients of counselors in the mid and late 1960s were vocal and needy. They included minorities annoyed with continuing discrimination; women upset with sexual inequities; students bored and angry with indifferent teachers and administrators; drug-dependent individuals, desperate and despondent; veterans with alternating moods of depressions and bitterness; parents with young people committed to communal living and countercultures; and the poor always living on the brink of disaster. The counseling profession reacted to this groundswell for counseling services by promoting group counseling so that the many with problems might be efficiently served (Aubrey & Lewis, 1983).

Laws *did* change after the turmoil. Congress in 1964 passed a civil rights bill that desegregated public facilities everywhere. Segregation became illegal at universities, motels, department stores, and public recreation areas. Later Congress passed a sweeping voting rights law.

The profound expressions of dissatisfaction on the part of Blacks and young people had been heeded and this resulted in new legal decisions.

Aged

The elderly seemed to lose their place of respect and authority in the home with the increased mobility of American families and the faster tempo of daily life. Modern medicine and health care facilities extended life expectancy and retirement communities were started. Social Security services, notably Medicare, were expanded during the late 1960s, but little was done towards maintaining the elderly in a real and mutual relation to society.

In the 1970s Margaret (Maggie) Kuhn founded the Gray Panthers which brought attention to the rights of retired Americans. As social interest in the aging increased, the counseling of the aged and aging also grew and now there emerged the specialty of gerontological counseling. A further discussion of this issue can be found in Chapter 8.

Birth Control

Fear of overpopulation contributed to development of safe, cheap, and reliable birth control methods. The primary one was the birth control pill which also brought forth concern about the morals of America's youth and the fear that women might become emancipated from the age-old dependent role. The development of the pill led to a whole revolution in life-styles. The advent of this birth control measure initiated widespread experimentation and adventurism, including living together out of wedlock (Naisbitt, 1984).

This social concern resulted in the need to make very important personal decisions by individuals and families. For some, the value structure for the decision was provided by their religion, but for others alternatives existed. Wives desired to discuss these alternatives with their husbands and mothers with their daughters but they needed the help of a knowledgeable person who could help them sort out the advantages, disadvantages, and possible consequences of using different birth-control methods. A need for additional counseling skills and services developed from these changes in society. Administrators in some agencies hired counselors to provide this service and some agencies such as Planned Parenthood were founded to fill this need.

Women in the Work Force

With the use of the birth control pill, and more control over their lives, more women entered the work force in the 1970s. As inflation eroded income, many middle-class families came to rely on wives' earnings to maintain their standard of living (Stencel, 1977d). According to statistics from the U.S. Department of Labor (1976) nearly one-half of women over age 16 held jobs or were actively looking for work. Among women aged 20 to 64, the prime working years, the percentage was even higher. However, as women became more independent, more able to take care of themselves and their children, they also became more able to consider separation and divorce as an alternative life-style. Sometimes women desired to discuss their options with others, particularly women, and Women's Centers were developed where counseling was devoted to women's issues.

Family Problems

The divorce rate in the United States continues to be the highest in the world. The ratio of divorces to marriages in 1975 was 2 to 5 or the equivalent of 40%. Census Bureau statistics show that the U.S. divorce rate more than doubled between 1963 and 1975 (Bureau of the Census, 1977).

The increased divorce rate resulted in single-parent homes and "latch-key children." Reports have been made that the number of families with children living in single-parent homes grew seven times as fast as the number of two-parent families (Stencel, 1977c).

Incidents of violence within the family jumped sharply. In the mid-1970s one million children were the object of neglect or abuse each year, and 2,000 to 4,000 died from circumstances involving neglect or abuse while 28 million Americans were "battered wives" (Stencel, 1977c). Counseling services were provided to abused children and spouses and we can anticipate this emphasis into the 1990s.

The high divorce rate, the increase in the number of people postponing or foregoing marriage and child-rearing, and even neglect and abuse are not the only signs of families under stress. Teenage suicide for young people 15 to 19 years old more than tripled, climbing from 2.3 per 100,000 in 1956 to 7.1 per 100,000 in 1974 (Stencel, 1977c). Crimes by

youths under 18 years old grew at a higher rate than the juvenile population. Bronfenbrenner (1976) estimated that children ran away from home at the rate of one million a year in the 1970s. In addition, teenage alcoholism and drug abuse continued to be problems. These social problems require trained, professional counselors. Counselors now specialize in the fields of marriage counseling, adolescent crisis counseling, suicide prevention, and prevention of substance abuse. Some communities provide safe group homes with professional counselors trained to work with runaway young people and many agencies now provide counseling services for substance abusers and their families.

Concern for Health and Safety

During the 1960s America began to lose faith in science as having the answer to all problems. Gradually the public learned that problems of fallout occur when testing new and larger bombs. People become aware that although potent new drugs saved lives, they also could be a factor in producing malformed and defective infants. During Kennedy's administration, Congress enacted a drug safety law, adopted a federal water pollution control act, and appropriated money for mental health (Leuchtenburg, 1977).

As people realized that science did not have or provide all the answers and actually may produce problems, they gradually set up consumer groups. If the government was not going to protect them, then perhaps they could help each other. Some consumer groups employed professional counselors who provided training in listening skills to volunteers.

In the late 1960s, after the first successful transplant of a living heart from one human body to another, hope developed that one day surgeons would repair or replace human organs as easily as parts are replaced in a machine. Certainly a need existed for counselors to help in such important decision making. In the past, medical doctors would take time to listen to individual patients' concerns, doubts, and anxieties, but gradually medical specialists replaced those generalists. Patients still needed someone to listen, to allay unjustifiable fears and yet be honest and knowledgeable about future consequences. Some physicians recognized this need and saw the value of having a counselor available to patients. Now some counselors work in conjunction with physicians and some work in hospitals and in hospices where care is provided to the terminally ill and this trend will continue into the 1990s.

New Technology

With new technology, problems develop such as how to reequip displaced workers for productive occupations. The problem of displaced workers will probably continue for a long time. People need to be trained for careers and jobs that will exist in the future. Some business firms and corporations provide career counseling for their employees. As some jobs fade out, the skills of the employees are channelled to other areas of the business.

Another social concern is the use of increased leisure time which is a result of shorter work weeks and shorter work lives. Some futurists have indicated that a different value will be placed upon leisure time and the worth of a person will not be determined so much in the work place.

Naisbitt (1984) discussed the human potential movement as being a direct result of the industrial era. He stated that a response to high tech was the evolution of a highly personal value system to compensate for the impersonal nature of technology.

Loss of Faith in Government

The nation was shocked in the 1970s, first by Vice President Agnew's resignation, and later when President Nixon resigned after threat of impeachment. Implicit in the Nixon/Watergate affair was a philosophy of government. President Ford later pardoned President Nixon but the faith in America's presidential administration was a blow to the public who innately trusted the American process and officials.

Americans in the 1970s began to move away from the institutions that had disillusioned them, and they relearned the ability to take action for themselves. Faith in the government was shaken and consequently trust that authority acted on behalf of the citizens was questioned. With this uncertainty came the recognition of the need to make well-informed individual decisions when many alternatives exist. As individuals recognized the need for more informative decision-making skills they sought professional help in decision making. Some people formed groups with similar concerns to listen to many points of view, or to sort out the many possibilities and the probable consequences of each alternative. Some people chose to learn from a professional counselor how to make clear, well informed decisions.

In summary, the societal problems of the 1960s and 1970s accentuated the need for professionals with skills in listening, responding, decision making, and helping people change their behavior and influence their environment.

The expansion of counseling technology that began in the 1960s broadened the perspective of counseling professionals and greatly increased the audiences counselors served. Counselors were thrust out of familiar settings (schools, colleges, employment offices) and into new and unfamiliar territory (community mental health centers, hospitals, the criminal justice system, religious institutions, housing projects, drug and alcohol treatment centers, halfway houses, and in the streets).

As counselors worked in diverse settings, they were generally welcomed by their new clients and also by fellow professionals in the areas of clinical psychology, social work, and psychiatry. There were many clients and few mental health professionals to meet the emerging needs of these clients (Aubrey & Lewis, 1983).

INFLUENTIAL FACTORS OF ECONOMIC AND SOCIAL CHANGE DURING THE 1980s

An international group of about 75 industrialists, scientists, educators, and other leaders known as the "Club of Rome" financed a team of experts to predict the future of humanity in respect to population, industrial output, consumption of natural resources, and pollution. Their prediction was that if no major change occurred in the physical, social, and economic behavior of the human race—if all the historic trends continue—a crisis of unparalleled size is due around 2000. The Club of Rome and other demographers predicted that the world's population will outrace its food supply. By the time the problem is recognized, it may be insoluble (Shertzer & Stone, 1976).

Ten basic operational goals for mankind in the future were drawn up by these international experts when planning a global community: peace and protection of national interests; prosperity including full employment and economic stability; an orderly, just, and free society; a healthy populace; an aesthetic and healthy environment; a well-educated populace; a better world; good housing; livable cities; and arts and culture (Laszlo, 1977).

Group Living Patterns

Naisbitt (1984) stated that today no typical family exists. Only a minority (7%) of America's population fits the traditional family profile. Today's family may consist of one parent (male or female) with one or more children, a dual-career couple without any children, a female breadwinner with a child and househusband, or a blended family that consists of two previously married parents and a combination of children from those two previous marriages. The term *family* is being expanded to include people not related by blood or marriage, but by voluntary association: unmarried couples, close friends, roommates, or people living together in group houses.

As resources become more precious and society becomes accustomed to various groups sharing a home the various array of desired living patterns will probably continue. The other possibility that has been mentioned by some futurists is that young people having experienced divorced parents, blended families, parents who admit to being bi-sexual, and so forth, may become much more conservative in their own lives, desiring to go back to establishing a traditional nuclear family.

Other Family Problems

In times of economic difficulty, when the breadwinner of the family has lost a job or is experiencing tension at work, more chance for abuse in the family exists. In the mid-1980s the media exposed child abuse in homes, child care centers, and schools. Obviously both the victims and the abusers need psychological help from trained professionals.

Increased tension between parents and their adolescent children in recent years may be the unavoidable consequence of the extension of the age of dependency. Until a few generations ago, most children left home at the beginning of puberty to join the labor force. Now children often remain economically, and consequently socially, dependent upon their parent(s) frequently into their twenties.

In the 1980s adult children, sometimes with their spouses, frequently return to their parental home after college graduation and after they have entered the working world. These older children have become accustomed to a standard of living that they are hesitant to relinquish. This situation puts the family members in a dilemma. Working mothers, single parents, or parents of blended families find it particularly difficult

to continue to provide for adult children in their home. These family members need help to cope with this social phenomenon. They may seek counseling to learn to control their environment. Certified marriage and family counselors will continue to be needed to help clients deal with family problems in the future.

Fear of Nuclear Accidents and War

Young people probably fear nuclear accidents and nuclear war more than adults because of the possibility that complete devastation will occur during their lifetime. The younger generation did not grow up trusting science as much as their parents. They saw that disabled infants and handicapped children could result from certain medication, drug and alcohol abuse, and radiation exposure given to pregnant women. They learned the danger of the birth control pill and learned of increased danger of cancer to mothers who had used certain medications. They also know that history confirms that humans have not been able to get along peacefully in this world in the past, so how can they trust that humans will learn how to share this planet peacefully in the future?

A great debate over the safety of nuclear power continues from the 1970s through the mid-1980s. Proponents of nuclear power want more nuclear power plants to be built by the end of the century. Nuclear critics warn that the consequences of a major accident might be truly catastrophic (Hamer, 1975). Results of the accident in a nuclear plant in Russia in Spring 1986 gave support for their fears.

Counselors will need to help clients and all of society to get along with each other, to understand each other, to be perceptive to the sensitivities of others, and to help others be aware of what stress does to humans.

Influence of Technology

Technology may provide exciting answers to problems such as cures for diseases like cancer, longer periods of youth or leisure, and a cleaner, less polluted environment. However, chain-linking catastrophic consequences may result from technological experiments and these consequences may not be considered or known at the time of the experiments.

Advances in biomedical technology raise moral dilemmas in such areas as genetic engineering, surrogate motherhood, life extension, and

euthanasia. Experiments on animals are questioned when conducting research to learn the consequences of such things as a mechanical heart, alternative medicines, and capacity-enhancing technology.

Biochemist Liebe F. Cavaliere of the Sloan-Kettering Institute for Cancer Research stated that the discovery of recombinant DNA, which is a gene-slicing technique enabling scientists to combine the genetic material deoxyribonucleic acid of different species, can create new or drastically altered forms of life. Many Americans have never heard of recombinant DNA, yet experiments in this relatively new area of genetics could have as great an impact on our lives as the splitting of the atom (Stencel, 1977b).

Although the cloning of human beings is not yet technically feasible, a few researchers say it would be possible and desirable in the near future. In 1974, Dr. James D. Watson said that if technology continues in its current nondirected fashion, a human being born of clonal reproduction is likely to appear on earth within the next 20 to 50 years, and even sooner if some nation actively promotes the venture (Ausubel, Beckwith, & Janssen, 1974).

Levine (1985), who has studied the psychological effects of long duration space flight on shuttle crew members, stated in a symposium for counselors that the Skylab 3 Mission of 84 days was the longest United States mission to date but tours of three to six months are proposed. The Soviets, who have conducted longer tours in space, have found that severe psychological stress usually occurs after 90 days in space. As our space missions get longer and longer, and as space flights become available to the public, space travelers will need to be prepared to prevent such psychological trauma.

A great deal has been written about how human workers will be replaced with robots. Two opposing points of view are voiced when the likelihood of replacement of human workers is considered. One view is that this will create a better environment with more leisure time and an increased value of human life, the other point of view stresses that people will be replaced with machines which may out-think humans and that this will impair the value for human life and potential.

Technology has the potential to free the counselor to perform the human aspects of counseling. Computer-assisted programs for training in decision making, assessment of counseling needs and drug use,

problem-solving, and counselor accountability are currently being used to help counselors use time more effectively (Lemire, 1985). In the future, new programs will be written for additional guidance and counseling functions. For example, the anticipation is that soon each school counselor will have a microcomputer available to do instant searches and schedule changes. The impact of computer-related technology is covered in detail in Chapter 9. ●

Naisbitt (1984) stressed the need to learn to balance the material wonders of technology with the spiritual demands of our human nature, to counterbalance a "high technical" society with a "high touch" society. Otherwise, Naisbitt indicated, the technology will be rejected. He predicted that the two great challenges and adventures facing humankind are technology and human potential.

A Yale University study (Snyder & Edwards, 1984) substantiated this when it was found that firms that set up distinct, separate, but closely collaborative organizational and human development processes grew 50% faster than similar firms working with usual communication and career development activities. Snyder and Edwards also stated that the next ten years will bring about major economic changes and innovations in physical technology and that within these ten years nearly one-half of the work force will need to be retrained, many of our largest cities will need to be renovated, and an entirely new techno-economic infrastructure will need to be installed. As our society becomes more an information society, even information jobs will become automated and by the end of the century 50 million jobs could be eliminated or fundamentally redesigned.

Career Patterns

Feingold (1981) stated that 40 million people were in career transition in 1981. Our society has become very mobile, both in terms of geography and job or career continuity. In the future, workers will not only have several jobs, they also will have several careers during their lives and may have special workplace arrangements such as flex-time, flex-place, or job-sharing. Counselors will need to be aware of career trends to provide direction in career planning.

Naisbitt (1984) indicated that we are living in a time between eras of the industrial society and the information society. We will increasingly

need to use our brainpower to create instead of using our physical power, and technology will extend and enhance our mental ability.

Education in the 1980s

The National Commission on Excellence in Education was directed in 1981 to examine the quality of education in the United States. The report by The National Commission on Excellence in Education (1983), entitled *A Nation At Risk: The Imperative for Educational Reform*, is similar in thrust to the reaction of Sputnik in the 1960s, that is, to promote mathematics and science in the schools in order to compete more favorably with other nations in the race for more and better technology. The Commission did not directly address school counseling at all, but in the beginning of the report it was stated that schools and colleges are routinely called on to provide solutions to personal, social, and political problems that the home and other institutions either will not or cannot resolve. These solutions usually are the responsibility of school counselors.

Lifelong Education

We are moving from short-term education to retraining and lifelong education. Snyder and Edwards (1984) pointed out that in 1984 over 50% of the 12 million students in U.S. colleges were adults, up from 40% five years before. Educational programs will need to be redirected to respond to the needs and interests of middle-aged and older adults as our society becomes older and more multigenerational (Ganikos & Benedict, 1982).

Older persons as voters often are hesitant to vote for taxes for schools if those schools only provide for the young. Continuing education programs could provide for the older persons' needs by including strong counseling programs that deal with the developmental problems of the aging citizen. These counseling programs could prepare older persons for future choices and decisions and provide leisure counseling, as well as extend opportunities and training with which to work and educate the younger people. Senior citizens, because of their involvement, would more likely value and support schools. The young people would gain increased respect for their elders and be better prepared for their own inevitable aging process.

Shift to an Aging Population

In 1978, 11% of the population was comprised of people over age 65. Projections for the years 2000 and 2030 respectively are 13% and 18% (Ganikos & Benedict, 1982). Naisbitt (1984) stated that in 1980 Florida had the nation's oldest population and Floridians experienced growing tension between the state's older and younger residents. This conflict is especially noteworthy because by about the year 1995 the entire U.S. population will reflect the same age-youth ratio that Florida has now.

The American Association for Counseling and Development (AACD) took action by initiating a one-year project which began in 1985 to provide training in gerontological counseling. The goal was to train 3,000 counselors in this specialty in twelve months (National Board, 1985).

Counselors must develop an awareness of their own attitudes, values, and beliefs in relation to aging (Sweeney, Navin, & Myers, 1984). "Similar to other values, ageist attitudes are subtly acquired through our basic socialization process....To varying degrees, ageist attitudes seem to cut across all socioeconomic and educational levels, professions, and age groups" (Ganikos & Benedict, 1982, p. 267). Every area of public service and private employment will involve services to older people. Agencies are being organized to provide training in gerontological counseling such as the Fairfax County, Virginia, Area Agency on Aging which has sponsored a workshop in gerontological counseling for professional counselors/service providers.

Multi-Cultural Society

According to Vontress (1985) within fifteen years Hispanics will be in the majority in California. Vontress also indicated that a culture shift may result from the differences in ages of women who give birth to their first-born, consequently having more children. He stated that the average age of a white woman giving birth to a first-born is 28, the average age for a Black woman is 23, and the average age for a Hispanic woman is 20.

Naisbitt (1984) pointed out that most of the nation's population growth in the 1970s was in three states: California, Texas, and Florida.

The Census Bureau fully expects these three states to remain the big population gainers for the remainder of the 1980s. All three of these states are involved in the immigration question, both legal and illegal, and more than half of all Hispanic-Americans live in either Texas or California. A key factor in the increasing acceptance of ethnic diversity has been the rapid growth of Hispanic-Americans officially numbering approximately 15 million (millions more are here illegally) or about 6.4% of the population in 1984; and Asian-Americans, about 3.5 million or about 1.5% of the U.S. population. A report by the National Commission on Secondary Schooling for Hispanics noted that by the year 2000, Hispanics will pass Blacks and Asians as the nation's largest minority group and will be in the majority in some areas of the country (*Black Issues in Higher Education*, 1985). More non-Hispanic counselors will have to become conversant with the Hispanic language and culture and be aware of issues such as acculturation and more graduate programs will have to offer coursework in multicultural counseling.

With a multi-cultural society come the values of ethnic diversity. Americans have given up the notion of the melting pot, and they have tended to let everyone be free to be themselves (Naisbitt, 1984). Blacks will demand more recognition for their part in American history and will court ethnic separateness as exemplified by the letter from mother to daughter, "Is My 'Post-Integration' Daughter Black Enough?" (Gaines-Carter, 1985).

Counselors must become sensitive to ethnic differences and be alert to the pride of each individual's cultural heritage, even though it differs from the culture of the counselor. Counselor preparation should include sensitivity to different cultures. Multicultural counselors must respect the divergent values, beliefs, and customs of clients with different cultural backgrounds. (See Chapter 8 for additional specifics.)

Concern for Health and Safety

Within the last few years a great deal of attention has been paid to good nutrition and exercise. Many self-help groups have been instrumental in providing information about good health and health plans have concentrated on promoting sound health. Training sessions are provided by health maintenance organizations to teach members good safety measures and good health habits as a means to prevent accidents and sickness. Some of the effort has been caused by escalating health costs.

Holistic health has been a trend in health care that will undoubtedly continue. A specialty in counseling now is holistic counseling which takes into account all aspects of the client's life, including a study of the client's environment.

THE FUTURE OF COUNSELING DURING THE 1980s AND 1990s

Snyder and Edwards (1984), in *Future Forces*, maintained that the future within the next ten years is knowable when currently available demographic, economic, and technological projections are examined and that this future is shaped by social adaptation to changing economic and technological facts. They stressed that "the future evolves in an orderly manner out of the realities of the past, filtered and shaped by the collective decisions of the present" (Snyder & Edwards, 1984, p. 1). Interestingly, from a historical perspective, the same observation was made in Chapter 1.

Counselors need to be alert to the economy because of its influence on the mental health of the nation. A democratic government is expected to provide for the best interests of society while insuring the rights of the individual. The conflict between these two ideas continues to increase. Social programs compete at the state level for funding, consequently, the availability of mental health services depends on the state in which the individual happens to live. Therefore, counselors must become more political (Hays, 1981).

National economic priorities will probably determine if third party payments will be made to counselors. Psychologists and social workers may guard their right to these payments zealously if funds and money are in short supply and especially if few clients have sufficient funds to pay for the services. Third party payment to counselors will survive only if it can be proven cost effective (Weike, 1980-81).

Continuing Emphasis of Litigation

Litigation probably will determine the important social issues such as surrogate parenthood, organ transplants, the right to die, the rights of AIDS victims, the responsibility for a clean and healthful environment, disposing of nuclear waste, the building of nuclear plants, and so forth.

Some counselors have chosen to go into the field of negotiation, for example, to work with clients to promote a no-fault divorce or to arrange for custody of children so as to reduce antagonism and anger to assure that all parties have an equal opportunity and equal rights. Negotiators help inform all parties of their rights and promote understanding and alleviate distrust of the other parties. Negotiators could extend their services to many different areas besides divorce and custody.

School Counseling

Early guidance programs were limited to providing a system of services to meet educational and vocational needs of students. School counselors still spend too much time handling academic transcripts, schedule changes, scholarship applications, attendance registers, and administrative duties. All educators could share academic advising responsibilities and paraprofessionals could provide routine and preliminary types of functions in counseling programs (Schmidt, 1984). Role statements to describe and define the position of the school counselor have been written by committees of the American School Counselor Association (ASCA). Changes in these role statements have been affected by social and educational developments and by related issues and trends within the counseling profession (Schmidt, 1984). During the 1970s this role of the school counselor was revised four times.

Both preventive and remedial counseling services are needed at all ages. Children have concerns that are academic, behavioral, emotional, and physical and counselors can intervene to *remediate* present problems while *preventing* future and more serious problems from developing. Schmidt (1984) stated that future school counseling efforts should maintain a balance between remediation and prevention. Shertzer and Stone (1976) also confirmed that greater effort should be placed on the search for the causes and prevention of human emotional illness rather than continuously supporting the more costly treatment or repair of disorders once they occur. These authors predicted that future attention will shift to prevention of emotional disorders stemming from primary factors (genetic) and secondary factors (diets, social behaviors, habit, environment, and so forth). Wrenn (1973) stated that counselors spent too much time doing repairs on individuals rather than improving the learning environment. He is certain that counselors can give vigorous leadership to school administrators because they, of all educational personnel, are acquainted with student needs. Student needs must be considered in planning educational change.

The need for counseling in the elementary schools is finally being addressed in state legislatures and in the House of Representatives. Elementary school guidance was brought up for the first time in the history of Congress in The Elementary School Guidance and Counseling Incentive Act of 1979 (Maples, 1984). By the 1990s it is anticipated that elementary school counselors will be found in most states.

Today the use of drugs and alcohol among adolescents and children seems to be increasing even though these topics occur less frequently in the literature than they did in the 1960s. Until the 60s substance abuse was really the domain of the "inner city" and the criminal subculture. At that time however, a major social change took place (Fram, 1985). The National Council on Alcoholism in 1979 reported that approximately 90% of today's teenagers have tried alcohol, compared to an average of 53% in the 1950s and 1960s (Sweeney, Navin, & Myers, 1984). Increasing numbers of teenagers are attending Alateen and Alcoholics Anonymous. Preventive counseling in the elementary schools and middle schools is urgently needed to decrease the number of teenage alcoholics and those addicted to drug use and to decrease the number of potential suicides. Suicides have increased among younger children, some as young as ten.

School Counselor Accountability

Snyder and Edwards (1984) wrote that the quality of public education and vocational training will become a primary political issue in the near future. One major move in the direction of obtaining continued public support for school counseling would be for school counselors to give more careful attention to providing an accountability record. This accountability record can be a daily log of time spent with students, teachers, parents, staff, and show the proportion of students who are self-referrals, teacher referrals, and so forth. An accountability record could be formulated in terms of feedback from various areas of the public to ascertain needs and could include the various clients on the counseling process; the public on the extent to which stated outcomes have been met and the various areas of the public on the results of evaluation. A suggestion has been made that accountability be in terms of evidence to the extent to which previously established objectives are met (Hummel & Humes, 1984). If counselors do not establish a program of accountability, the public will hold them accountable and then it may be to objectives only vaguely stated or even inappropriate (Wrenn, 1973).

When Feingold (1981) listed thirty changes in counseling that he foresaw in the future, he predicted that counselors will be asked to be more accountable for their services, they will need to demonstrate their effectiveness, and they must state goals and performance objectives.

Career Education in the Schools

After the career education boom in the 1970s, a decline appears to have formed as the emphasis in education leans towards academics, foreign language study, and raising standardized test scores. "Too much career counseling lacks a goal and is piecemeal-toward a job, a college, finishing high school. Job choice or program choice should be seen in context as a strategy for life" (Wrenn, 1973, p. 266). Sweeney et al. (1984) indicated that leisure counseling also will be important and he stated: "Even a cursory examination of social changes reveals that the psychological impact of leisure is increasing and that attitudes about work and leisure is increasing and that attitudes about work and leisure will undergo substantial change" (p. 377).

Snyder and Edwards (1984) indicated that new social and economic demands on career education will occur. These probably will include demands for adult education to provide substantial retraining so adults can enter new career fields with more opportunities. These authors indicated that adult vocational training and human resource development will ensure the largest percentage of the nation's total educational budget for the first time in our history.

Counselor Preparation

A slow but steady change in focus for counselor training programs has developed over the past ten years. From the 1960s to the present the national focus on training counselors changed from a focus on training school counselors towards preparation of agency and community counselors (Hollis & Wantz, 1983). Many counselor preparation programs still have a school/college orientation and prospects for infusing a new agency/community focus means retraining or hiring faculties. Counselor preparation programs are often moving from departments of education to departments of human services.

The kind of preparation counselors are receiving is changing. The extent of graduate work required has been lengthened. The experiential component has been expanded with direct supervision within settings and

with clients similar to projected employment of the counselor. Kinds and numbers of courses offered have expanded and accreditation of programs has increased (Hollis & Wantz, 1983).

Counseling Specialties

A need will continue for counselors of special segments of the population such as the handicapped, the ill, the dying, the grieving, the lonely, the aging, women, men, children, substance abusers, spouse abusers, child abusers, all kinds of victims, people in prison, people with leisure time, homosexuals, transsexuals, bi-sexuals, the obese, anorexics, and others. Feingold (1981) indicated that counselors are providing services to an increasing variety of subgroups within our society. He listed as examples: pre-school children and parents, ethnic groups, recovering patients, the divorced, widowed, and single parents. The needs of special populations are detailed in Chapter 8.

Hollis and Wantz (1983) stated that the term counselor was no longer descriptive enough, a descriptive term preceding the word counselor is needed to reflect training and specialization, e.g., career counselor, gerontological counselor, elementary school counselor, and so forth. Degree majors for counselors are reflecting these changes as reported by Hollis and Wantz based upon their longitudinal research conducted periodically since 1970.

Increase in Need for Mental Health Services

An increased need for mental health services becomes evident from the problems enumerated previously. Furthermore, the need will increase as people make decisions from among the many group living patterns, lifelong education options, and career patterns. Also the need for mental health counseling is evidenced by increased stress, fear of nuclear accidents, and nuclear war. Mental health counselors will need to prove their education, experience, and training are equal to that of psychologists and social workers, and are adequate to provide mental health care to clients. Counselors will need to spend more time in supervised practica and internships to prove that their preparation and training are adequate for licensure. (Further information on credentialing can be found in Chapter 13.)

Increase in Need for Counseling Services by Business and Industry

As corporations move toward high touch as a balance to high tech and as corporations implement quality circles or participative management, and as these corporations become more responsible to employees, counselors will be needed by business and industry. As business and industry provide more health care for employees and as insurance agencies look for more options in mental health care for clients, counselors will win the right to be paid by insurance companies for the mental health care of employees and clients and be employed as full-time counselors within the business or industry. Employees may have more control over the selection of their desired mental health providers, and they may select mental health counselors. Counselors may be hired to help employees deal with or prevent stress on the job and provide counseling and vocational development.

Trends in Counseling for the 1990s

Daniel and Weikel (1983) reported the results of a study made to determine trends in counseling by surveying 334 randomly chosen professors of counselor preparation. The results indicate that when individuals viewed a trend as highly probable they also expected it to occur soon. They predicted an emphasis on increased specialization and longer counselor preparation of master's level counselors. These educators predicted competency-based licensure by states, a national registry, and widespread acceptance of counseling as a profession. The respondents saw third-party payments as probable, and they foresaw a continued emphasis on counselor accountability. According to these experts, peer and paraprofessional counseling will increase under the supervision of professional counselors.

More counseling services in business and industry and expanded private counseling services are predicted with a continued shift in counseling from the public schools to other community providers. Trends for counseling throughout the lifespan, increased use of computers and other technology, and a focus on preventive counseling were also forecasted. Biofeedback and other self-monitoring devices were seen as becoming more popular with counselors. The counselor educators predicted that the counselor will have a consultant role and increased use of media technology will be evident. Increased emphasis on holistic

health, cognitive behavioral approaches, and a greater utilization of group counseling were predicted. By 1990 they foresaw counseling as being increasingly multidisciplinary and moving toward a systems approach to counseling. They expect continued interest in gerontological counseling, life-span counseling, career counseling, counseling of adults, mental health counseling, and the counseling of special groups. The alarming trend is that the respondents predicted that federal and state funds for counseling services will continue to decrease.

Walz and Benjamin (1979) in an ERIC monograph pointed out that although many educators base their work on a study of the past, counselors help individuals to make choices relating to the future. Therefore, the stock and trade of counselors is the future; and by very definition, counselors should be futurists because they deal with plans and decisions about events that are yet to occur. Logically then, one would expect, that counselors, both by inclination and behavior would be a futuristically-oriented group, but the authors conclude that counselors are not. These authors proposed that one reason may be that current problems and concerns cause counselors to concentrate their efforts on immediate and urgent demands rather than on those with far-reaching significance. They urge that futures studies be incorporated into all counselor preparation and counselor practice because futurism involves a counseling philosophy which is more than day-to-day practices.

CONCLUSION

Effective counselors in the future are going to require longer preparation programs and a wider variety of specialized training, ranging from instructionally-related holistic health life-style counseling to highly specific crisis intervention techniques, such as those required for rape counseling.

Walz and Benjamin (1979) stated that required courses in counselor preparation should include studies of the future. Other authors see a need for counselors to be effective consultants, skill evaluators, influential lobbyists and politicians, and capable educators to teach clients how to change their environments.

Conclusions of the Delphi Study conducted by Daniel and Weikel (1983) indicated that many counselors may be forced into being job seekers and counseling positions will exit only for those counselors who are highly trained with distinct specialty areas, or for those capable of

supervising peer or paraprofessional counselors. Even more emphasis can be expected on counselor accountability and counselors will be employed increasingly by business, industry, and private settings. Licensure or certification is expected to be required in most states.

Counselors definitely will need to be astute and aware of social and economic factors, to plan and design effective methods to meet the needs of the profession, to meet their personal and professional needs, and to meet the needs of clients.

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CHAPTER 3

COUNSELING THEORIES & TECHNIQUES

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Over one hundred different approaches to the counseling/helping process exist, and proponents of each of these typically claim the method to be of some help to some people. This chapter outlines some of the more widely used approaches to counseling and integrates theories and techniques as they tend to be used by the majority of practicing counselors today. Effective counseling impacts all the services and applications discussed in other parts of this book.

COUNSELING/HELPING PROCESS

The counseling process is one in which a trained counselor/helper deliberately intervenes in the life of a client to assist the person in resolving concerns so as to live more effectively. Hutchins and Cole (1986)

outlined several ways in which the counseling process differs from more typical interpersonal relationships:

1. The client is primarily responsible for content rather than both people initiating topics.
2. The client receives the helper's total attention rather than a mutual exchange of ideas or a discussion. The helper focuses on the client's concerns rather than expressing personal opinions and giving advice.
3. The client concerns are confidential.
4. The helping process is goal-oriented. In contrast to friendly sharing, the goal of the helping process is to assist the client in taking steps necessary to resolve concerns and achieve realistic goals.
5. The client is able to try out new ways of behaving within the secure and private atmosphere of the helping relationship.
6. As a result of the helping process, the client is able to learn a method of problem-solving that can be applied to a variety of other situations. (p. 5)

The counseling process is likely to occur over several meetings. While differences in approach, style, and outcomes occur, the typical process involves four stages and generally occurs in this sequence: building the relationship and identifying client concerns, establishing realistic counseling goals, designing effective procedures, and terminating the counseling process. Each of these is discussed in more detail.

Building the Relationship and Identifying Client Concerns

In the initial stage of the counseling process, the counselor typically works to establish a trusting relationship that will enable the client to feel comfortable and at ease sharing concerns and problems of a personal nature. Typically, limits of the counseling relationship are established including time limits, expectations, roles, goals, actions, and procedures used. Also discussed are confidentiality and potential client behavior outside the counseling interviews.

Establishing Realistic Counseling Goals

A major objective of most counselors is to understand enough about the uniqueness of each client to help the client specify goals or desired outcomes from counseling. In other words, if the client is concerned about a particular situation, what can the client do to resolve the concern or problem? Goals of counseling need to be realistic and achievable for the client in the current situation. Most counselors help the client specify realistic, concrete goals to be achieved within a specified period of time and that are mutually agreeable.

Designing Effective Procedures

Once realistic goals have been established, the counselor and client work to design procedures (techniques and strategies) that will lead to goal achievement and resolution of the problem. Procedures are generally designed in a manner that will enable the client to move toward the goal in sequential steps that increase the client's motivation to continue the process. These procedures may involve a variety of activities ranging from listening to the practice and rehearsal of new behavior in the counseling interview, to various kinds of "homework." Homework is a general term that includes having the client practice doing things outside the counseling interviews (e.g., making contact with appropriate persons, interviewing individuals, and writing on paper thoughts, feelings, and/or actions that occurred in relation to certain concerns). These procedures are often designed with many suggestions from the client about what is realistic, given the circumstances surrounding the client.

Terminating the Counseling Process

The counseling process generally terminates (1) when counseling goals have been achieved, (2) if little or no progress toward goals is being made, (3) if a referral to other sources is indicated, or (4) if there is a major change in the client's circumstances. Evaluation is a continual part of the counseling process. From the start of the first interview—when the counselor makes a judgment about the appropriateness of counseling for the client—to the end of a series of interviews that may continue over several months, the counselor evaluates both client progress and procedures used.

After the main part of counseling ends, the counselor arranges for follow up with individuals and/or groups of clients in order to monitor behavior changes made by the client, give additional corrective assistance, obtain feedback related to the effectiveness of counseling procedures, and to maintain an interest in the client's continuing development.

SELECTED APPROACHES TO COUNSELING

In order to understand a client's concerns, a counselor may utilize one or more theoretical orientations. The orientations help the counselor to organize information about the client, the client's view of the world, and the counseling process itself. The counseling approaches summarized in this chapter have been selected because they represent unique contributions in the field.

Psychoanalysis

Originally developed by Sigmund Freud in the latter part of the nineteenth century, psychoanalysis represents the earliest attempt to understand human behavior from a psychological point of view. Freud believed behavior was determined by unconscious motivation, biological and instinctual drives, and irrational forces. Each individual possesses three interactive, dynamic energy sources which Freud called the *id*, *ego*, and *superego*.

The *id* is viewed as the primary source of energy that demands immediate gratification. It is the source of all drives and instincts. The *ego* is the individual's contact with the world of reality and serves to regulate the impulsive nature of the *id*. The *superego* is the judicial or moral branch of one's personality, representing the ideal and the striving for perfection. The *superego* incorporates traditional values and the ideals of society, especially as they are interpreted by parents to children.

When individual drives or needs (*id*) are inconsistent with the person's moral code (*superego*), a state of tension arises and leads to anxiety. When the individual's controller (*ego*) cannot reduce this anxiety by rational and direct methods, it relies on unconscious ones—namely *ego* defense mechanisms. The *ego* defense mechanisms include those of

denial, projection, repression, compensation, rationalization, as well as others (George & Cristiani, 1981).

Freud postulated a series of stages of growth from the oral and anal stages through phallic and latency stages to the genital stage of emerging adulthood. Each person moves through these stages in one way or another. If there are unresolved problems at any of these stages, problems may occur again later in one's life. Only if they are properly worked through in therapy will the person be able to resolve these nagging concerns.

One of Freud's major contributions was his concept of the unconscious. In therapy the major technique used is *free association* where clients are instructed to say whatever comes to mind, regardless of how insignificant, painful, or illogical. In the therapeutic process, unconscious or hidden content is made conscious and relived or explained in light of the client's current stage of development. As a result, clients gain insight about themselves and this self awareness is expected to result in change.

Strengths. Because of the extensive training of the therapist, the length of time psychoanalysis takes, and the expense of therapy, it is not usually used in the schools or in many social work and mental health settings. Some of the concepts Freud postulated may have their greatest use in combination with other approaches to counseling.

Historically, noting that psychoanalysis was the first systematic method of therapy is important. Furthermore, because of the history of psychoanalysis and the fact that many concepts have been built into both medicine and law, aspects of this approach will continue to exist as a part of our everyday lives, in books, literature, movies, and everyday talk.

Adlerian Therapy

Alfred Adler was a colleague of Freud but developed significantly different ways of looking at behavior. Adler placed much more emphasis on social aspects of personality development and on conscious, rather than unconscious behavior. Each person is a unique individual who must be viewed holistically. Adler believed the individual had a great deal of self-determination and was responsible for much of personal behavior.

As such, Adler was a forerunner of some of the more subjective approaches to psychology which emphasized attitudes and beliefs, values and ideals, and one's personal (internal) growth.

For Adler, behavior is motivated by a striving for power or superiority to compensate for a sense of inferiority which develops from comparisons either with others or with idealized standards. Behavior results from the ideas that individuals develop about themselves and their place in the world during childhood. These ideas represent one's pattern of living or *lifestyle* which remains relatively constant throughout life. Therefore, a major goal of counseling is to identify these lifestyle patterns. For Adlerians, then, counseling is seen as an educational process through which one comes to understand one's self and one's interpersonal relationships.

Some of the key concepts in the Adlerian approach relate to inferiority and striving to compensate for this by developing a successful lifestyle. Striving for superiority (or power) is a key component in looking at family and child relationships. Also, constructing a 'lifestyle' in which interrelations are examined is an important concept in understanding one's current behavior.

Dinkmeyer, Pew, and Dinkmeyer (1979) outlined four major goals of Adlerian counseling and these correspond to the four stages of the therapeutic process:

1. To establish a client/counselor relationship, characterized by empathy, that will allow the client to feel understood and accepted.
2. To help clients understand the beliefs, feelings, motives, and goals that determine their style of life.
3. To help clients develop insight into their style of life and to become aware of their mistaken goals and self-defeating behaviors.
4. To help clients consider options and alternatives to change and make a commitment to an action-oriented program.

Strengths. Adlerian counseling techniques include analyzing information about birth order, dreams, early recollections, and childhood illnesses to enable the counselor to identify inferiority feelings that have

continued into the present. Adlerian methods appear to be useful with many persons and situations. They have been used extensively in early childhood, marriage, and family situations, as well as in parent education. Adlerian methods are used in both individual and group work and became the precursors of the child guidance clinic movement.

Person-Centered Therapy

In the early 1940s, Carl R. Rogers challenged the thinking about the nature of counseling and the directive model which assumed that the counselor/therapist was the expert. Rogers saw the client/patient as one that has a tremendous reservoir of potential from which to draw in understanding self and resolving personal concerns. The role of the counselor is primarily to assist by providing the therapeutic conditions of *genuineness, unconditional positive regard and acceptance, and accurate empathic understanding*. If these conditions are provided by the counselor and communicated to the client, they set in process the relationship in which the client is able to work through and resolve concerns. hence, the name initially given to the process, *non-directive therapy*.

These core conditions still exist, but the approach has evolved from non-directive (1940-50) to *client centered* or *reflective* (1950-57), to *person-centered* or *experiential therapy* (Hart & Tomlinson, 1970). Thus, the person-centered approach is one that has evolved over more than four decades.

Strengths. The person centered approach is one of the most widely used in counseling. The approach emphasizes *active listening, reflecting client feelings, and trying to understand the client's point of view*. A deliberate attempt is made to understand feelings and emotions of the client. For the client, satisfaction is having the counselor attend closely to what is said, how it is said, and the feelings behind the statements. Furthermore, a great deal of research has been conducted into aspects of this approach. It is used in both individual and group work in a wide variety of settings including education, business, and industry. Although the approach may seem easy on the surface, it goes beyond merely listening and reflecting. It takes a keen listener to summarize concisely what's been said, the feelings behind it, and to reflect the essence to the client in a way that helps to clarify the client's meaning.

Gestalt Therapy

Gestalt therapy was developed by Frederick Perls (1973). The gestalt movement was built upon gestalt psychology which held that "human nature is organized into patterns or wholes, that it is experienced by the individual in these terms, and that it can only be understood as a function of the patterns or wholes of which it is made" (p. 5).

In Gestalt Therapy, the assumption is that individuals can deal with life's consequences and must take responsibility for their personal behavior in order to live life fully as an integrated person. The major task of the therapist is to help the client fully live in the present moment, or the "here and now." For Perls, nothing exists but the now.

Perls described anxiety as the gap between the now and the later. Individuals are seen as dwelling too much on what might happen in the future without fully experiencing what is happening now. The past as well as the future is only important as they relate to the person's present functioning. If "unfinished business" remains from the past, the gestalt therapist will help the client reconstruct critical aspects of this, reliving the anxiety of this experience, and processing it in the present, thus resolving it and getting it out of the way.

The most basic aim of therapy is to help the client become self sufficient, to rely on self to do what must be done, and to be aware of the options one has to live fully in the present moment. Gestalt therapy employs a number of very specific kinds of techniques that can be extremely useful in helping the client become more aware of self, complete unfinished business, and resolve a variety of conflicts and problems. A few of these techniques are briefly outlined.

The Game of Dialogue. At times a person may feel pulled in different ways, between "top dog" and "underdog." The *top dog* is the authoritarian, domineering, demanding person who believes that things SHOULD be done in a very specific manner. The *underdog* is likely to feel kicked around, playing a victim of circumstances and being weak, helpless, defensive, passive, and without responsibility. The top and underdog are at opposite poles, competing for existence within the person. The *empty-chair* technique is a way of getting the client to bring out these two opposing sides of one's personality. The individual sits in

one chair as top dog, expressing all aspects of this stance as fully as possible. Then the client shifts to the other chair and assumes the role of underdog as fully as possible. In short, the alternating expression of opposite personality poles are able to become known and accepted by the client.

Reversal. In the *reversal* technique, the client simply does the opposite of more typical behavior. For example, if a person was very shy or timid, one might be asked to play the role of a very loud and demanding individual. Such behavior can enable the person to become more aware of "both sides" of personality.

I Take Responsibility For. The therapist asks the client to make a statement (perhaps describing something that recently happened or how the person is feeling right at the moment) and then add "and I take responsibility for it." For example, "I'm feeling quite tired now, and I take responsibility for this."

In a group session one might say, "It angered me when you said what you did to Jackie and I take responsibility for being upset." The idea of this game is to increase one's awareness of thoughts and feelings while recognizing the fact of personal control and responsibility for this behavior.

Strengths. Gestalt therapy is used in both individual and group counseling and in a variety of settings. One of the primary strengths is in helping people accept their personal responsibility for much of their behavior by increasingly becoming aware of self while interacting in the larger context of society.

Rational Emotive Therapy

Rational Emotive Therapy (RET), a precursor of cognitive-behavioral counseling, was developed by Albert Ellis (1967). The RET philosophy is that people are born with the capacity to behave both rationally and irrationally. They have a tendency toward self growth and self destruction. Although people are fallible, they can learn and choose to live more rationally. Ellis believed that much of irrationality has its roots deeply embedded in irrational beliefs that are commonly, though

indirectly, taught by parents and society at large. Examples of some of these irrational beliefs are as follows (Ellis, 1967):

1. One needs to be loved or approved by virtually everyone in his/her community.
2. One should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile.
3. The idea that some people are bad, wicked, or villainous and they should be severely blamed and punished for the villainy.
4. The idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances.
5. The idea that one's past history is an all important determiner of one's present behavior and that, because something once strongly affected one's life, it should indefinitely have a similar effect. (p. 84)

Ellis viewed many of human problems as resulting from absolutistic and MUSTurbatory thinking. The basic irrational beliefs stem from three major MUSTS:

1. "I MUST perform well and be approved of by significant others. If I don't, then it is AWFUL, I CANNOT STAND it, and I am a ROTTEN PERSON."
2. "You MUST treat me fairly. When you don't, it is HORRIBLE, and I CANNOT BEAR it."
3. "Conditions MUST be the way I want them to be. It is TERRIBLE when they are not, and I CANNOT STAND living in such an AWFUL world."

If people subscribe to these three MUSTS, as well as their spinoffs, then disturbances will follow. To correct the resulting disturbances, the therapist teaches the client about the irrational beliefs and MUSTS, shows how the beliefs lead to undesirable emotional consequences, and demonstrates how to dispute them so as to foster more rational living.

This process is called the *ABC Theory of Personality*. This process is diagrammatically presented in Figure 3.1.

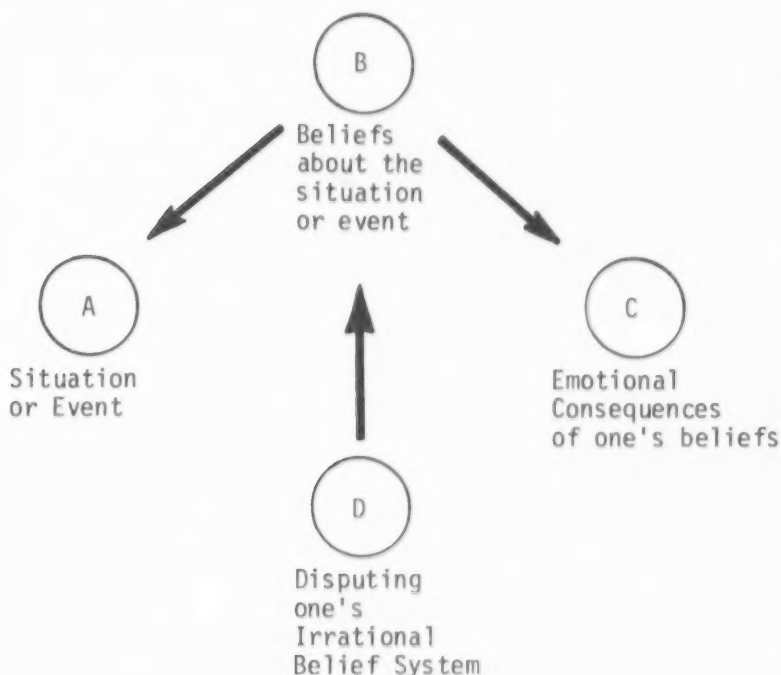


Figure 3.1. The ABC's of Rational Emotive Therapy.

A is the activating event or situation that many people falsely think causes their feelings (C). According to the theory, what causes the emotional consequences is *not* the situation (A) but one's beliefs about the situation (B). The major way of changing negative emotional consequences is by D, disputing the irrational beliefs (B) of the person.

As an example of how important one's beliefs can be, let us assume that two persons have a similar injury from the same accident—both persons lose the use of a leg (A). For one person the emotional consequences involve literally swimming in self pity, anger, hate, and constant blaming of the situation. This person becomes an emotional cripple and invalid, relying on others to support him/her for the "disability." The

other person resolves that, while the accident and injury were extremely unfortunate, he/she needs to "get on with living." The person throws self into all available remedial activities and even learns to run with an artificial leg. Further, he/she is filled with the sense of living life to the fullest, has a responsible job, and is a pleasure to be around.

What makes the difference between these two persons? According to the RET Theory of Personality, the major difference is in the (B) beliefs each person had, or what each person told himself about the situation that determined the positive or negative consequences. In RET, the major way of combatting irrational and self-destructive beliefs is to attack them directly by (D) deliberately disputing the beliefs. Only if these irrational beliefs are destroyed will the person be able to change significant aspects of behavior.

The disputing methods used in RET are numerous. The following seven points outline some of the major methods used to help the client move from irrational to more rational thinking.

Rational Techniques

1. *Disputing irrational beliefs.* The client is directly taught and confronted by the counselor.
2. *Cognitive homework.* The client tries out different ways of responding to situations outside the counseling sessions.
3. *Client actively works to dispute irrational beliefs.*
4. *Bibliotherapy.* The client reads articles and books on how to help overcome irrational beliefs.
5. *New self statements.* The client actively practices saying more positive, rational statements about self.

Emotive Techniques

6. *Teaching self acceptance* as a person of intrinsic worth.

7. *Operant conditioning, self management techniques, systematic desensitization, biofeedback, and modeling.* In short, the client does new things and puts cognitive insights into action in a variety of ways. Much practice is done of the new behavior to cement the new ways of behaving.

A variation on this approach is *Rational Behavior Therapy (RBT)*. RBT was developed by Maxie C. Maultsby, Jr. (1984) who uses the approach with a wide range of people and situations.

Strengths. The following three points outline the major strengths of RET.

1. We are able to be much more in control of ourselves than most people believe. We are responsible for our behavior.
2. The beliefs and thoughts we have about situations influence how we feel and act—the consequent emotional and action dimensions of behavior.
3. Practice of different thinking can result in different emotions and actions. We do not need to be victims of irrational thinking taught to us by parents and others in the society.

Behavioral Counseling

Behavioral counseling relies on the principles and practices of the scientific method (Thoresen & Coates, 1980). First, concepts are explicitly stated. Second, principles and practices are open to empirical testing. Third, the approach is based on an enormous amount of research. While there are specific approaches to behaviorism, each with differences in emphasis, Kazdin (1978) summarized the field of behavior therapy as having these characteristics:

1. Focus is on current rather than past behavior.
2. Emphasis is on evaluating treatment in terms of overt behavior changes.
3. Goals are stated in concrete, objective, and verifiable terms.
4. Reliance is on basic research about treatment and therapy techniques.

5. Target problems are specifically defined thus enabling treatment and measurement of behavior changes.

Typically the modern behavior therapist/counselor works closely with the client in mutually conceptualizing the concerns, goals, and procedures to be used. The process as well as specific techniques are understood by the client. A wide variety of techniques exists that are used by the counselor to help the client achieve specific outcomes. These techniques include *assertive training*, *aversion techniques*, *flooding*, *imagery*, *modeling*, *positive behavior*, *social skills training*, *thought-stopping*, and *token economies*, to name a few.

A number of variants from a strictly behavioral approach exist, but they each have in common the focus on verifiable behaviors. Reality Therapy (Glasser, 1965) has been especially popular in the schools, with delinquents in correctional settings, and within a variety of other locations. The emphasis is placed on the personal responsibility for deciding what to do. Glasser equates irresponsibility with mental illness and believes that a person chooses to engage in certain behavior and is therefore responsible for the outcomes.

Recently, a number of newer cognitive and behavioral approaches have become popular. Meichenbaum's (1977) *Cognitive-Behavior Therapy* is an example. Meichenbaum believed that what goes on inside one's head can be modified by a variety of specific, concrete actions, e.g., deliberately countering negative, self-defeating behavior with a variety of thought-stopping and positive self-statements. Beck's (1976) *Cognitive Therapy* is another approach that combines various aspects of cognitive and behavioral techniques to help people change behavior.

INTEGRATING MAJOR COUNSELING APPROACHES

The counseling approaches that have been outlined in this chapter represent only a few of the many theoretical orientations used by

counselors today. An excellent overview of counseling theory and practice can be gained from a text written by Corey (1986). Ivey (1980) stated that almost as many approaches to the counseling process exist as counselors and therapists. The variety of counseling orientations may seem overwhelming to the person who wants to learn the best way to work with clients.

Because human behavior is complex, no one approach has the complete answer nor is capable of helping all people in all situations. Carkhuff and Berenson (1977) suggested that the most effective counselors carefully screen their clients for characteristics that will increase the probability of being able to assist them. However, not all counselors work in a setting that allows them the luxury of choosing clients with whom they would like to work. This situation suggests the merit of a comprehensive, flexible approach that would allow the counselor to adjust to the client by utilizing a variety of techniques and approaches. Cormier and Cormier (1979), among others, indicated evidence that counselors use a variety of techniques in actual practice.

Egan (1975) suggested that the most effective counselor is the one with the greatest repertoire of responses. Yet how can the counselor organize these approaches so that they are not merely a hodge-podge of responses? One answer is to develop a synthesis of approaches that allows for systemic intervention by the counselor.

In looking at the many widely varying theories (over 130), a useful procedure is to identify major characteristics of different theories on which the counselor focuses. Hutchins (1984) has identified approaches that focus on one's thoughts, feelings, and/or actions and calls his approach the *TFA (Thinking-Feeling-Acting) System*. Ward (1983), in reviewing the trend toward integrating theories, cited the TFA System as the most useful in integrating various theoretical approaches and in assessing client characteristics.

In Figure 3.2 is shown the TFA triangle with three areas shaded differently. At the top are the approaches to counseling which emphasize or focus attention on the cognitive aspects of behavior (Thinking). In these theories, the counselor's primary attention is directed toward what the client thinks. If counseling is effective, the client will be able to think more clearly, feel better, and take appropriate action.

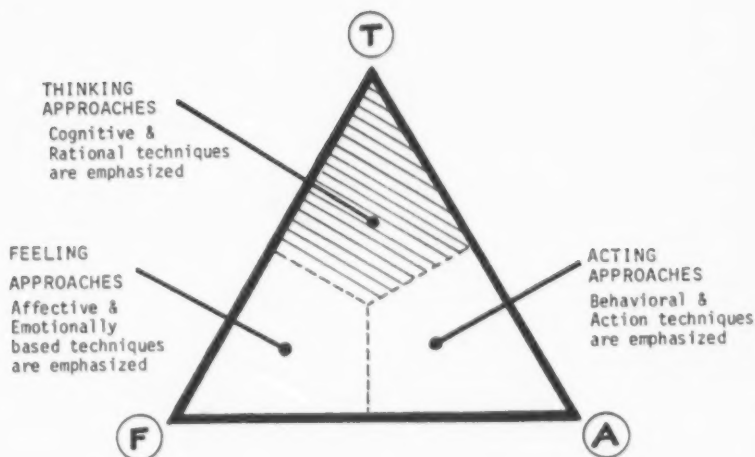


Figure 3.2. The Thinking, Feeling, Acting (TFA) Triangle.

The TFA Triangle shows three distinctive kinds of emphasis used by counselors of different theoretical orientations. In the Thinking Approaches, cognitive and rational techniques are primarily used by the counselor. The basic notion is that if the client's irrational or illogical thinking can be changed then the person will feel better and be able to take more appropriate action.

As an example, Margo had been self conscious for as long as she could remember. She was always concerned about how things would look to others and whether she was doing "the right thing." Because of the pressure she put on herself "I must do this perfectly or others will think I'm a slob," she was constantly concerned about pleasing everyone else. She sought help from a cognitively-oriented counselor who focused on helping Margo look at her irrational beliefs:

I must be perfect in everything I do.

If I don't do this perfectly well, I'll be a failure, and so forth.

Through counseling, she was able to see how irrational her thoughts were and how she was in a cyclic and self-defeating pattern ($T \rightarrow F + A$). In other words, negative, self-defeating Thoughts led to Feelings of self condemnation and Actions in which she shied away from other people. The counselor helped her work out more rational self talk and

self thoughts, while eliminating the irrational imperatives (I must/should/or ought to do...whatever it was). Not everything needs to be done "perfectly well," and so forth. As a result, Margo significantly altered her view of herself and looked more realistically at what she (not others) expected her to do. As a result, she was able to shift from the irrational, unrealistic notions to more rational ways of Thinking, leading to more positive Feelings and Actions.

At the bottom left of Figure 3.3 are the Feeling approaches. In these approaches, the counselor's primary attention is focused on the emotions, the affect, and the feelings of the client. The theories say that the clients' emotions are so tangled, the person is unable to untie the knotted emotions. The counselor focuses on helping the client *express*, *clarify*, *unravel*, and *understand* these emotions. Often as a result of unraveling the emotional knots, the client experiences insight (clearer thinking) about the situation and is then able to take appropriate action.

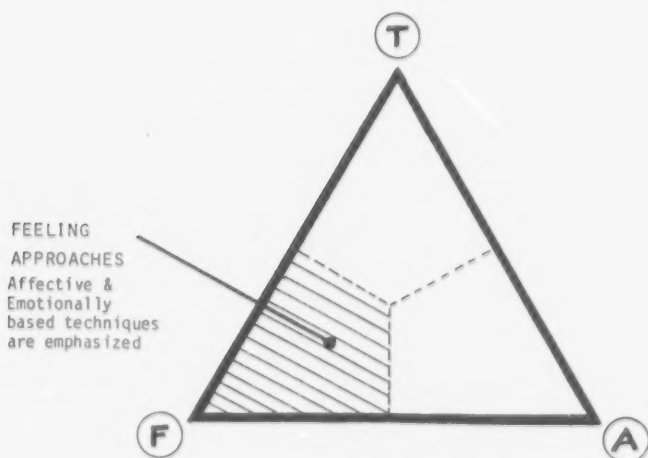


Figure 3.3. The TFA Triangle showing the Feeling Approaches.

In this section of the triangle, Person Centered (Rogers), Existential, and Humanistic approaches are found. The counselor emphasizes techniques that attempt to help understand the client's feelings and emotions. The basic notion is that if the client's knotted feelings and emotions can be understood and allowed to be expressed, insight will occur and the person will be able to take appropriate action.

As an example, Gale had been under increasing emotional stress for the last 6 months. At the advice of a friend, she sought counseling from one who was known as a very caring and concerned counselor with whom Gale was immediately able to feel comfortable. This counselor focused attention on the *feelings of loneliness, isolation, and worthlessness* Gale had experienced since her last child left home about 6 months ago. In the process of therapy, Gale was able to verbalize her feelings and deeply personal emotions in the presence of a safe, secure, setting. As a result of unleashing these emotions, Gale felt a sense of relief, lifting the burden of unexpressed emotions she had never shared with others. In the process, she arrived at a number of insightful observations about her situation. She began, increasingly, to think in more positive ways and to plan for different kinds of activities in which she wanted to become involved in the future. The process was $F \rightarrow T + A$. In other words, by freeing the Feelings, the client was able to Think more clearly and take Action on her own behalf.

In the lower right portion of the triangle (Figure 3.4) is the action area. The action or behavioral theorists believe that the counselor's major focus should be on getting the person to do something that will be more satisfactory—to change actions (change jobs, change environments, change ways of doing things, and so forth). If the client can change actions, then feelings and thoughts are also likely to change.

For example, Jack was terminated from a job he had held for 7 years. He was unable to find employment and after three months was having increasing arguments with his wife, consistent problems with his two teenage children, feeling more and more depressed, and drinking more heavily. He finally sought counseling with a behavioral therapist. Counseling started with understanding the client's concerns and establishing realistic goals. A deliberate plan of action was used to help Jack actively seek employment in an area where he could use many of the skills and experience from his previous job. Within about three weeks of being hired in his new job, Jack's drinking was no longer a problem, relationships between him and other family members greatly improved, and he felt good about himself once more.

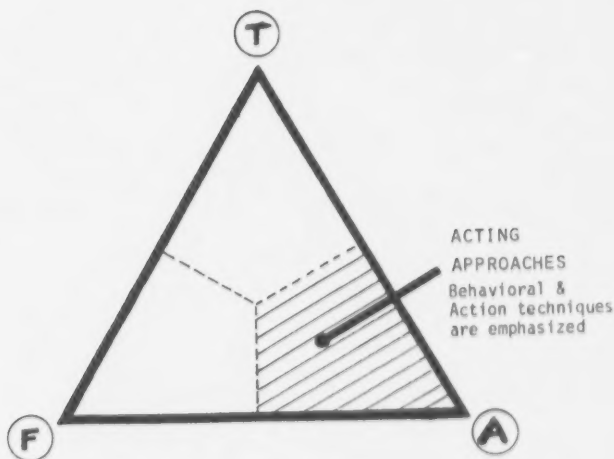


Figure 3.4. The TFA Triangle showing the Acting Approaches.

In this section of the triangle, Behavioral Therapy (Wolpe), Behavioral Counseling (Krumholtz & Thorensen), and other approaches that stress the client taking action are emphasized. The basic notion is that if the client can be encouraged to take actions that result in more effective behavior, the person will feel better and think more clearly.

SUMMARY AND COMMENTS

Usually a "pure" approach to counseling and therapy does not exist. Most frequently, practitioners use a combination of techniques from various theories. Garfield and Kurtz (1976) indicated that most practitioners are eclectic in their work with clients. They use combinations of different approaches based on the uniqueness of the client. Furthermore, most clients are not pure types either. They tend to come to counseling with a mix of TFA combinations and to be influenced by age, situation, and stressors. Thus, most likely the unique chemistry between the counselor and client involves a combination of thinking, feeling, and acting approaches. As has been found through research, successful experienced counselors adapt their approach to clients in such a way that even though they may have been trained in radically different approaches, they become more similar than different in the counseling process (Fiedler, 1950a, 1950b).

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CHAPTER 4

APPRAISAL SERVICES

Linda Seligman, Ph.D.

Appraisal is the process of using subjective and objective techniques to provide greater understanding of individuals, groups, systems, and environments. Appraisal is a way of collecting, organizing, and analyzing data. Although the appraisal process, particularly the methods of assessment, has received increasing criticism in recent years, it has come to be used widely because of the important contribution carefully done appraisal can make to the counseling process.

Appraisal is a process whose scope is broad. This chapter will explore the appraisal process and will provide specific information on the tools of assessment and the ways they are used in a range of settings.

PURPOSES OF APPRAISAL

Appraisal can be viewed as having five purposes in counseling: understanding, information, prediction, selection, and classification. One or a combination of these purposes is frequently the basis for using appraisal in counseling.

Understanding

The most general of these is understanding. Appraisal can help clients to develop greater self-awareness, help counselors to sharpen their insights into clients, and provide an overall picture of the development, dynamics, and dimensions of those clients or groups that are being assessed. This understanding can enable counselors to plan effective approaches to counseling and can promote productive counselor-client dialogue and exploration.

Information

The second purpose of appraisal is information. This is a more focused approach to acquiring understanding of clients. Information involves obtaining answers to specific questions such as, "How strong are this client's mathematical abilities?" "How well do these family members communicate?" and "What are this client's strongest occupational interests?" Some precision is involved in obtaining information about clients; the counselor must specify the questions to be answered and the information to be obtained and then must utilize tests or other procedures which have been designed to provide the information.

Prediction

A third purpose for appraisal is prediction. This process generally involves the counselor comparing the client's performance on a standardized instrument with the normative data available on others who have completed that same instrument. In this way, predictive information can be obtained on the likelihood of the client's performing in a particular way. Appraisal is often used to suggest how well clients will perform in a specified occupational or academic endeavor.

Selection

Selection, a fourth purpose, is closely related to prediction and might entail the use of the same or similar instruments. However, in prediction, the focus is on the client and determining what is best for that individual. Selection, on the other hand, is a process that is generally conducted by a business or educational institution, seeking to determine the best qualified candidates for employment, training, or promotion.

Classification

A fifth purpose of appraisal is classification. It, too, typically takes a group approach to assessment and seeks to divide individuals into categories according to predetermined, measured characteristics. For example, classification might be used to group students on the basis of their career maturation so that appropriate guidance activities can be provided or it might be used to categorize employees by their levels of productivity in order to develop appropriate training programs and job placements for them.

THE INTEGRATION OF APPRAISAL AND COUNSELING

Shertzer and Linden (1982) believed that counseling and appraisal were intertwined. They wrote, "Effective assessment and appraisal equal effective counseling; positive counseling outcomes are a function of accurate counselor assessments" (p. 9). Many counselors, however, are not comfortable with assessment. This is due to a number of factors including the client-centered tradition in which many counselors were trained, the recent criticisms tests have received for being biased and lacking in reliability, and the limited information which counselors may have about the plethora of tests that are available. Clients, too, seem more comfortable with a person than with a computer or an inventory. Zytowski (1982), after studying the role of assessment in the counseling process, found "that most clients prefer human intervention in the process, but that they receive the same benefit from any mode of [test] interpretation" (p. 19).

Zytowski and others have found that counselors are coping with their reservations about appraisal by reducing their use of tests and relying more heavily on subjective and informal approaches to data-gathering such as observational and self-report information. While this may be an appropriate accommodation to the current concern about the misuse of assessment as well as the mystique which clients often attribute to test results, counselors need to appreciate the contribution which assessment can make to the counseling process. Counselors need to make their choices as to whether to use assessment on the basis of knowledge and comfort rather than on apprehension and limited information.

Counselors and clients, ideally, should see counseling and appraisal as a package. Both should understand the reasons for the appraisal and those reasons should be logical outgrowths of the client's concerns and the nature of the counseling process. Assessment should not be viewed as a formality or chore, designed solely to meet institutional requirements. It should provide important information, answer critical questions that cannot be answered as well in other ways, and clearly enhance the counseling process as well as the client's development. It should not harm the counselor-client rapport, but rather, should build the client's confidence in the counseling process.

APPROPRIATE USE OF APPRAISAL

In order to decide when an appraisal should be conducted and what tools should be used in that process, counselors need to have some basic information about appraisal. In nearly all cases, appraisal should be a multidimensional process; data should be gathered from a number of sources. (Sources of information will be reviewed in the next section.) Client information that is confirmed by several measures is likely to be more reliable than information provided by one test or inventory. In addition, the impact of transient phenomena such as examiner bias and client fatigue are more likely to be minimal if multiple measures are used.

Client cooperation and, consequently, validity of data will be increased if clients are involved in the process of planning the appraisal. They should be informed why the appraisal is being conducted, how it will benefit them, what will be involved, how long it will take, who will be present during the appraisal, when the results will be available, and what will be done with those results. If possible, the client also should be involved in making some of the decisions about the appraisal such as what sorts of instruments will be used and when the assessment will take place.

Of course, an environment conducive to positive performance should be provided when the client is assessed. A comfortable and quiet room, readily available supplies, and a prepared and sensitive examiner can all help to dispel test anxiety and contribute to making the appraisal process an interesting learning experience for the client.

Before planning the specifics of the appraisal process, counselors should ask themselves the following questions:

1. What are the goals of this counseling relationship?
2. What are the relevant unanswered questions?
3. Have available sources of data such as school and/or, personnel records, previous tests, and the clients own experiences and self-knowledge been utilized effectively and fully?
4. How will the client respond to and be affected by the assessment?
5. What relevant information is sought from the assessment? (Seligman, 1980)

Knowing the answers to these questions can help counselors to determine the appropriate time and tools for an appraisal and avoid superfluous testing.

In order to select the most suitable tools and techniques for an appraisal, counselors should have a grasp of the essential principles of test construction and assessment. The following terms are provided to give counselors some rudimentary understanding of those principles:

Validity—Validity indicates how well a test or technique measures what it intends to measure. There are four types of validity. *Face validity* means that, on the surface, the tool appears to measure what it claims to measure. This is an intuitive rather than a statistical measure. *Concurrent validity* involves correlating the tool with other measures to determine whether it is measuring the same variables which they have been shown to measure. *Predictive validity* indicates whether the tool is able to predict some criterion score (e.g., grade point average). *Construct validity* involves substantiating the overall value of a tool by comparing the data provided with the behavior or knowledge which the scores are supposed to reflect. In general, the higher the validity, the better the tool. However, many tests, especially those designed to measure personality, are low in validity (Kline, 1983).

Reliability—Reliability is a measure of the consistency of a tool and involves studying both internal consistency and stability over time. Generally, high validity is required for high reliability (Kline, 1983).

Norms—Norms are sets of scores which permit comparison of the scores obtained by a particular client with the scores of various groups. Norms make prediction and classification possible through comparison of the client's performance with that of relevant groups (e.g., college students, people in a particular occupation).

Types of Scores—Tools for measurement yield their results in many different forms. The most common are *raw scores*, *T-scores*, *percentiles*, *rankings*, and *stanine scores*. Counselors should be familiar with these types of scores and should know when and how each is appropriately used.

Counselors also should be aware of the impact that response sets and "faking" can have on scores. Sometimes, clients wish to present a particular impression and so provide responses and behaviors, during the appraisal process, that are designed to create an image. While few assessment tools are impervious to such distortion, tests as well as counselor observations can often detect such processes.

More specific information on the aspects of measurement considered here can be obtained from the manuals which accompany tests and other assessment tools. Manuals also provide information on qualifications required of the test administrator, the purposes of the instrument, the administration process (timing, materials, tasks of the administrator), the reading level of the instrument, and scoring procedures.

Careful, professional use of appraisal instruments is essential because misuse of the appraisal process can be destructive to clients and to the counseling process. However, appropriate use of assessment tools by a knowledgeable test administrator and interpreter can go far to enhance and facilitate the counseling process as well as the client's development.

The use of standardized appraisal necessitates an understanding of basic statistics. Selecting and using appropriate statistics also are essential. At least a conceptual approach will be needed. Many counselors use

standardized appraisal without necessarily knowing the statistical computations. For an understanding of essential statistics review basic books in the field or for a better understanding of the concept read Miller (1986) *Basic Statistics: A Conceptual Approach for Beginners*.

APPROACHES TO APPRAISAL

Approaches to appraisal are many and varied, ranging from the objective to the subjective and from the quantitative to the qualitative. Vacc (1982) classified assessment and appraisal procedures into the following seven categories:

1. Structured interviews
2. Observations of spontaneous behavior
3. Previously collected data
4. Consultation (information from others)
5. Standardized tests
6. Non-standardized tests
7. Screening devices.

Some of these types of assessment procedures and tools will be discussed in this section of the chapter.

Interviews

The most commonly used form of appraisal interview, in counseling, is the *intake interview* which begins nearly all counseling relationships. Each school, business, industry, or agency generally has its own format for intake interviews. The format may be tightly structured with most questions or areas of exploration being specified, or the format may be just guidelines to be filled out according to the judgment of the interviewer. Whatever format is used, intake interviews generally have similar goals. These include clarifying the nature of the clients' concerns or their reasons for being seen by the counselor; assessing and responding to the urgency of their situation; determining the clients' suitability for counseling or related services; familiarizing clients with services and procedures used at the school, business, industry, or agency; beginning

to develop some counselor-client rapport; gathering enough information on clients' development and dynamics to allow formulation of a counseling plan; and beginning to help clients to overcome problems, prevent difficulties, or facilitate development.

Intake interviews are also fairly consistent in the topics they explore, whether the interview is brief (one-half hour or less) or extended (up to several hours). They seem to differ more in terms of the depth of exploration rather than in the topics covered, although an extended intake interview would include considerably more discussion of a client's past than would a brief interview.

The following lists the major topics to be covered in an intake interview as well as in the report which would be written subsequent to the interview:

1. **Overall Impression.** Based on observation as well as discussion, this encompasses the counselor's perceptions of the client's physical appearance, dress and grooming, speech patterns, noticeable mannerisms, mood, and interaction with the counselor.
2. **Presenting Problem.** This is the reason clients give to explain their decision to seek counseling. Clients may be seeking help with an existing problem, means to prevent difficulties that might occur, or they may believe they have more personal or environmental potential than they are presently using and want assistance in facilitating their development. The reason given by the clients for seeking counseling may or may not really be the area in which they are most in need of help.
3. **Mental Status.** As is the case with overall impression, this area, too, is based largely on the counselor's perceptions of clients. Within the mental status area is included clients' alertness and responsiveness, memory, thought processes, language usage, problem-solving abilities, orientation to reality, intelligence, sensory-motor and perceptual processes, interests and values, affect, self-regulation (how well they can take care of themselves), and bodily functions (sleep, appetite, weight change, and use of potentially harmful substances such as drugs or alcohol).

4. **Demographic Data.** This includes information on the client's age, sex, ethnic and religious background (if pertinent), marital and family status, education, occupation, residence, and source of referral.
5. **Present Difficulties and Previous Disorders.** An overview of the client's concerns would be provided including their nature, time of onset, precipitating factors, symptoms, course, possible causes, and previous treatment.
6. **Family.** Information would be obtained on the client's family of origin and current family situation, highlighting the most significant and influential relationships.
7. **Chronological Developmental History.** How much exploration is done of the client's development would depend on the age of the client, the nature of the presenting concerns, the length of the intake interview, and the orientation of the counselor and the agency or school. In general, history-gathering explores the client's physical development, interpersonal relationships, educational and occupational choices, levels of achievement, and leisure activities.
8. **Medical History.** Illnesses, accidents, hospitalizations, treatments, and medication would be included with particular attention being paid to the client's previous experience in counseling.

The intake report might culminate with a diagnosis and treatment plan for the client, based on the information that was obtained from the intake interview (Seligman, 1986).

An intake interview is typically a flexible process. It varies in terms of scheduling, duration, personnel involved, and follow-up procedures. Sometimes the counselor will have full responsibility for the intake procedures. Frequently, however, other mental health professionals will be involved in the process to provide further information on the client. A psychiatrist might be obtained to conduct a physical examination or a psychologist to do projective testing. Part of the intake process involves determining what is needed to provide understanding of the client and,

then, arranging for that information to be obtained. Any of the procedures to be discussed in the following pages may become part of the intake interview if they are needed to contribute to the goal of determining how best to help the client.

Structured interviews have other uses besides intake procedures. They are most useful when an interview procedure needs to be repeated over and over again because the standardization simplifies the process and increases the comparability of the data. Such interviews might be used to screen potential members of a counseling group, to interview applicants for a job or a promotion, or to identify adolescents who are likely to benefit from a program designed to increase self-esteem. Although interviews do not, of course, have the precision of a standardized test, they are the foundation of the appraisal process, often providing the most useful data as well as indicating what additional appraisal procedures are needed.

Standardized and Nonstandardized Tests

Jensen (1980) categorized the many criticisms which have been levied against tests and testing:

1. cultural bias,
2. inadequacy of specific test items,
3. inability to define or measure intelligence,
4. measuring certain abilities to the exclusion of others that are also important,
5. failure of tests to measure innate capacity,
6. use of inappropriate norms,
7. measuring only learned skills,
8. variability of scores over time,
9. contamination of test scores, and
10. general misuse and abuse of testing.

Clearly, the risks of testing are great. However, so are the potential benefits. Used with care, tests can provide and organize information about clients in a unique and valuable way.

Standardized tests are those which have been developed so that they can compare client behavior or responses to those of a normative population. *Nonstandardized tests*, on the other hand, have been prepared without a normative base (Vacc, 1982). Consequently, the information

they yield is generally less useful and less trustworthy. Nevertheless, such tests can provide avenues for further exploration and insights into client dynamics.

Tests can be divided into three broad categories. These include tests of ability, interest, and personality.

Ability Tests. Ability tests can be further subdivided into three types of measurement: intelligence, aptitude, and achievement. The three types of tests may look very similar. However, they can be distinguished by the way they were developed and their purposes.

Intelligence tests, probably the type of test least administered by counselors, are also the most controversial because of the power they seem to wield as well as the confusion surrounding exactly what they do assess. Such tests measure a rather indefinable combination of innate ability, general learning ability, acquired knowledge, adaptability, and current ability to perform certain tasks. The focus of intelligence tests is on present performance, but the impact of both heredity and past learning cannot be parcelled out.

Intelligence tests have a place in the identification of gifted and mentally retarded individuals and, when used in conjunction with tests of aptitude and achievement and with school grades, in diagnosing learning disabilities and motivational problems. However, many intelligence tests have been found to be culturally biased and to be overemphasized in educational decisions. As a result, their use has declined markedly in recent years.

Both group and individual tests of intelligence are available. Most counselors are qualified to administer the many group tests. However, administration of individual tests such as the *Wechsler Adult Intelligence Scale* (WAIS), the *Wechsler Intelligence Scale for Children* (WISC), and the *Stanford-Binet Intelligence Test* is typically done by a psychologist who has been trained in the administration of these instruments.

Aptitude tests, unlike intelligence tests which focus on present performance, are designed to look forward and predict how well an individual will perform in a given occupational or academic endeavor. For example the *Scholastic Aptitude Test* (SAT) is used to anticipate how well students will do in college. Aptitude tests come in many forms ranging from the simple to the complex. Simple aptitude tests seek to predict

accomplishment in a single, circumscribed area such as musical or clerical ability while the complex inventories measure a broad range of less well-defined skills such as those which might be needed for entry into college or graduate school. The *Graduate Record Examination* (GRE), the *Scholastic Aptitude Test*, and the *Law School Aptitude Test* are examples of measures of complex aptitudes. A common format for aptitude tests integrates both simple and complex measures. The *Differential Aptitude Tests* (DAT), frequently administered in high schools, are an example. They consist of eight subtests which may be administered individually or as a battery of tests, depending on what information is desired.

Aptitude tests are powerful tools in the process of career counseling, especially with clients who have not attended college, who do not have extensive work or volunteer experience, and who may not have a good sense of their strengths and weaknesses. However, selection of an inappropriate aptitude test can provide inaccurate and misleading information. Consequently, selection of tests that have norms available which are relevant to the client's educational or occupational goals is a very important step in appraisal.

Achievement tests are the third form of ability test. They may be thought of as looking backward and provide information on how much mastery a client has acquired of a given body of knowledge. The *Wide Range Achievement Test*, (WRAT), a standardized test of achievement measuring performance in reading, spelling, and arithmetic, is frequently used by counselors. Most tests administered by classroom teachers are measures of achievement in some way.

Achievement tests are useful in indicating clients' academic strengths and weaknesses, their standing in particular groups, how much they have learned from a given educational experience, and areas in need of remediation or further training. In addition, a comparison of data obtained from achievement, aptitude, and intelligence tests can provide understanding of clients' abilities and potentials. For example, an adolescent who has demonstrated little academic motivation, who has received poor grades in high school, and who has been absent frequently might not do well on an achievement test but may reveal strong underlying potential via high scores on intelligence or aptitude tests. A combination of two or three types of ability tests, then, can be particularly useful in determining the etiology of inconsistent or weak academic performance and indicating directions for providing help. Of course, attention

also should be paid to clients' demonstrated abilities as manifested in their academic and occupational achievements as well as in their leisure and volunteer activities. The most accurate assessment of clients' abilities can be obtained by developing a composite picture of both inventoried and demonstrated abilities.

Interest Inventories. Interests are best assessed by combining information on *manifest interests* (how clients spend their time), *expressed interests* (what clients say they enjoy), and *inventoried interests*. Interest inventories have been proliferating in recent years and with good reason since interests are the most important determinant of occupational choice although abilities may exert a more powerful impact on degree of success in one's chosen occupation (Seligman, 1980).

Interest inventories can increase knowledge of the world of work, organize interests and translate them into occupational terms, facilitate comparison of interests and abilities, provide insight into sources of career dissatisfaction, promote occupational exploration, and encourage realistic and rewarding career decisions. Despite the many contributions that interest inventories can make to life planning, they, too, are subject to misuse. Clients often regard an interest inventory as a sort of crystal ball that will tell them what occupations to enter in order to find happiness. Counselors should counteract this common over-reliance on interest inventory data by clarifying, for clients, the limitations of these instruments and by encouraging the clients to interpret the test data broadly. For example, the client who receives a high score in the occupation of army officer should not immediately be given enlistment papers! Rather, counseling should explore possible attractions of that occupation (e.g., leadership, structure, security) and should help the client to generate a range of occupational opportunities which offer similar attractions.

Most interest inventories do not take account of abilities; they, too must be considered during counseling. Although a client might have a high inventoried interest in musician-performer, for example, that career option would not be a viable one unless the client had talent in music.

Interest inventories range from brief, nonstandardized checklists, used to promote occupational exploration, to well-established computer-scored inventories like the *Strong-Campbell Interest Inventory* (SCII) that compares clients' responses to those of people employed in several hundred occupations. Factors such as the age and occupational maturity of the client, the duration of the counseling relationship, and the cost of

the inventory all need to be considered when the interest inventory to be used is chosen.

Personality Inventories. Inventories of personality have been developed to provide information on any of the following:

1. overall personality dynamics,
2. moods/states (e.g., sadness, cheerfulness),
3. traits (e.g., usual anxiety level),
4. needs/drives,
5. specific areas of concern (e.g., potential for suicide, violence),
6. self-concept,
7. values,
8. level of maturity, and
9. interpersonal skills.

Despite the extensive research that has been done on personality assessment and the many personality inventories that are available, personality inventories tend to be low in validity and reliability and their relationships to career choice and behavior are not yet well-defined. Nevertheless, personality inventories continue to be used extensively in both mental health and career counseling settings. Ideally, however, they should be used cautiously and judiciously, for discussion rather than for decisions.

Measures of personality can be divided into three categories: standardized, projective, and objective. *Standardized inventories* present clients with a series of predetermined, closed-ended (e.g., yes/no, true/false, or forced-choice) questions. Norms are available for these inventories so that the clients' scores can be compared with those of others who have taken the same inventory. Examples of standardized personality inventories are the *California Psychological Inventory* (CPI), the *Minnesota Multiphasic Personality Inventory* (MMPI), and the *Sixteen Personality Factor Questionnaire* (16 PF).

Projective tests of personality such as the *Rorschach Test*, the *Thematic Apperception Test* (TAT), and the *House-Tree-Person* (HPT) (drawings) lack predetermined questions and an objective system of scoring. Those scoring procedures that are available depend largely on the subjective interpretations of the test administrator. Specialized training is required to develop proficiency in projective testing and this is not generally included in the training received by most counselors.

Objective measures offer a new and different approach to personality assessment (Kline, 1983). They involve using physiological measurements to provide information on personality. For example, the *Fidgetometer*, a chair which records all movements, provides information on anxiety and tension while the backwards reading test yields insights into clients' levels of flexibility. Although such measures may seem unusual and esoteric, they offer a possible way to overcome the lack of validity inherent in nearly all other measures of personality.

Subjective Self-report Measures

Although testing is probably the most frequent approach to appraisal, many other approaches are available which, used alone or in combination with test data, can diminish some of the pitfalls of testing and increase understanding of and by clients. Subject self-report measures include information or data provided directly by the client. Of course, such measures are not standardized nor can they readily be compared with a sample population. However, they can capture and communicate effectively the unique qualities of an individual client.

Autobiographies can provide useful self-report data, especially from clients who have difficulty with self-expression or who may be resistant to or apprehensive about counseling. The autobiography may be structured by providing the clients with topics to address and questions to answer or the nature of the narrative may be left to the client. A comparison of interview and autobiographical data on a client may be particularly fruitful, yielding information on areas of emphasis, distortion, and avoidance.

Products made by the client are another source of information. These might be produced at the suggestion of the counselor or might be spontaneous creations of the client and can take the form of drawings, poems, stories, songs, photographs, crafts projects, letters, and any other items that have importance to the client. Discussion of these products can shed light on the client's values, talents, and emotions.

A related self-report measure is the *photohistory*. The client is asked to prepare this by gathering together a group of photographs that seem to represent important events or people in the client's life. These would then be presented and discussed during counseling sessions to promote self-exploration as well as client and counselor understanding.

Time-lines are another vehicle for obtaining self-report data. A line is drawn, with ages marked to indicate client's past and future. Milestones and goals are then written on the time-line to indicate significant past and anticipated future events.

Unvalidated and nonstandardized *questionnaires, checklists, rating scales, and card-sorts* are other approaches to obtaining client self-report data. Many of these are commercially available. Counselors also might want to develop questionnaires to suit individual clients. Useful data for exploration can emerge from all of these methods. However, their lack of validity and reliability mandates that they be used with caution.

Observations

Observations of children in their classrooms have long been used by school counselors as a source of data. In recent years, observational data also has been collected in business and mental health settings and the process of observation has been expanded and elaborated. *Unstructured observations* may be conducted by observing clients at work, in interaction with family and friends, or performing a given task. *Structured observations*, involving presenting the client with a particular problem to solve or a group of other persons with whom to work in a limited amount of time, can be particularly productive and allow comparability of the client's performance with that of others. Businesses often use structured observations as a way of comparing job applicants or candidates for promotion. A variation on the observation process is *naturalistic sampling* (Kendall & Braswell, 1982), self-observational data provided by clients through a daily journal or by writing their thoughts at the sound of a beeper that they carry and that is set to ring on a predetermined schedule.

Information from Significant Others

Reports or interviews of significant others in the client's life are another source of valuable data. The significant others might be teachers, parents, children, spouses, employers, co-workers, friends, medical personnel, or mental health personnel who have been involved with the client. Several cautions must be borne in mind when obtaining information from others. The client's confidentiality must be maintained and permission obtained from the client to secure data from others. In addition, the possibility of bias or distorted perceptions being present in the significant others should be considered and confirmation sought for any information that is discrepant from what has been presented by the client.

Records

Records of previous assessments, clients' academic and occupational achievements, personnel records, and medical treatment histories are important sources of data that can provide the foundation for planning an appraisal. Ignoring such data may prevent the counselor from obtaining some important information on a client and may lead the counselor to repeat tests that already have been taken and use procedures which have already been shown to be ineffective with a client.

PLANNING THE APPRAISAL

Selecting a specific test or procedure can be very difficult in light of the thousands of available tests and tools for appraisal. Reference books can be invaluable in helping counselors to make such decisions. Those of particular value to counselors include Buros' *Mental Measurements Yearbooks*, a regularly issued compendium of information on over 1,100 tests; *Tests in Print II* (Buros, 1974) containing information on 2467 tests, a directory of test publishers, references on the use and validity of specific tests and information on professional standards for testing; and *Tests* (Sweetland & Keyser, 1983), the first of a multiple volume series designed to provide in-depth evaluations as well as technical and practical information on tests in psychology, education, and business.

Often, tests are given in a battery or group, designed to yield information on several aspects of a client and provide more reliable and valid information than could be provided by one test alone. The following are three examples of typical appraisal batteries which might be used by counselors. Each situation is different and the battery of tests are selected according to the information desired for providing better counseling.

1. Assessment of high school senior confused about career planning:
 - a. *Kuder Occupational Interest Survey*—interest inventory.
 - b. *Career Maturity Inventory*—assesses level of career maturation.
 - c. *Hall Occupational Orientation Inventory*—measures work-related needs and values.

- d. *Differential Aptitude Tests*—measures eight basic aptitudes.
 - e. *Nonstandardized Appraisals*—includes such means as interviews, previous academic records, and possibly conversations with the client's teachers so as to incorporate into the appraisal process a fuller picture of the client.
2. Overall assessment of a young client in a mental health setting who is depressed and withdrawn and who has not been performing well:
- a. *California Psychological Inventory*—broad-based inventory of personality.
 - b. *Otis-Lennon Mental Ability Test*—intelligence test.
 - c. *Wide Range Achievement Test*—test of spelling, reading, and arithmetic skills.
 - d. *Mooney Problem Checklist*—checklist designed to help clients identify and prioritize their concerns.
 - e. *Nonstandardized Appraisals*—includes various other sources of data such as reports from the client's family and associates and subjective report data (e.g., autobiography, drawings) that might be useful in promoting client self-expression.
3. Assessment of a client who seeks help through an employee assistance program with substance abuse and lack of career motivation:
- a. *Myers-Briggs Type Indicator*—provides information on client's interpersonal orientation, dominant perceptual style, mode of judgment and way of dealing with the environment.
 - b. *Maslach Burnout Inventory*—measures emotional exhaustion, personal accomplishment, and depersonalization as related to one's job.
 - c. *Strong-Campbell Interest Inventory*—assesses interest in a wide range of occupations.
 - d. *Coping Operations Preference Enquiry*—measures preference for certain defensive or coping mechanisms.

- e. *Nonstandardized Appraisals*—includes other sources of data such as checklists designed to ascertain the extent of the client's use of drugs and alcohol, employment records, and, with the client's permission, interviews with family and supervisors.

SETTINGS FOR APPRAISAL SERVICES

The appraisal process takes place in a range of settings including schools and colleges, private practice and mental health settings, and business and industry. Goals of the appraisal process as well as the instruments and techniques used vary, depending on the nature of the setting as well as the needs of the individual client. In this section is discussed the nature and use of appraisal services in various settings.

Schools

A recent study by Zytowski (1982) found that testing was widespread in the public schools but that some types of inventories were used far more frequently than others. Ninety-three percent of the schools surveyed had administered at least one vocational aptitude test or interest inventory to all students in grades 7 through 12; 76% had administered achievement test batteries; 66% had administered academic aptitude or intelligence tests to all students; and 16% had administered tests of personality or of school or social adjustment. The use of assessment in career planning, then, seems to be the most frequent appraisal service performed by school counselors.

Mitchell (1982) found that the *Armed Services Vocational Aptitude Test Battery* (ASVAB) was the most frequently used test in the high schools. This seems to be due to a combination of the need for aptitude testing in the high schools and the fact that the ASVAB is available at no cost to the schools.

Anderson and Farmer (1981) took a closer look at the school counselor's involvement with career assessment. Their survey of high school counselors yielded the following four greatest needs:

1. Choosing the best career tests for use in combination—63% of respondents.

2. Selection of appropriate tests for group or individual use—62% of respondents.
3. How to relate inventories to other sources of job information—56% of respondents.
4. How to relate career maturity to interest inventory usage and how to use it for planning—56% of respondents.

Least endorsed items dealt with administration and scoring of inventories and the use of testing with special populations. Apparently, then, school counselors tend to be fairly comfortable with the mechanics of testing but are concerned about and indicate a need for assistance in selection and interpretation.

Legislation passed during the last ten years has had a great impact on assessment in the schools. P.L. 94-142, The Education for All Handicapped Children Act of 1975, mandated assessment to "identify the nature of the handicapping condition of each pupil in order to assure appropriate services designed to meet his or her needs" (Kuriloff & Robinson, 1982). In addition, this law required that the assessment process be a broad and multidisciplinary one, attending to social, emotional, academic, psychomotor, and physical development and including counselors, teachers, school psychologists, and other specialists on the evaluating team. P.L. 94-142 also prohibited the use of tests that were racially or culturally discriminatory as well as the use of intelligence tests that provided only one general score. It required that pupils be tested in their native language and required that all tests be valid for the specific purpose for which they were being used. Other legislation affecting assessment in the schools included Section 504 of P.L. 93-112, Rehabilitation Act of 1973, and the Family Educational Rights and Privacy Act of 1974, known as the Buckley Amendment. Section 504 prohibits any test or criterion of admission that has a disproportionately adverse effect on handicapped pupils and required convenient administration of admissions tests to handicapped students as well as forbidding the use of any employment test or other selection criterion that screens out handicapped persons. The Buckley Amendment was designed to protect students' right to privacy. It permits students' records to be seen only by school personnel with a legitimate educational reason to see them and makes test scores and other school records available to parents and students of majority age.

The impact of all this legislation is to require counselors to select and use assessment tools with great care and to avoid making hasty and potentially stigmatizing judgments about students based on assessment data. This has contributed to a decline in the use of intelligence testing, anecdotal records, and other potentially damaging procedures in schools.

Appraisal in schools is typically a multidisciplinary process for all students, not only for those with special needs. The foundation for the assessment process is established by teachers who use tests and observations to appraise the academic and social development of their students. At the same time, counselors are engaged in administering standardized inventories to students as well as observing them in order to monitor development and identify students who are in need of special attention (those who are gifted, handicapped, or manifesting other emotional or academic needs). Collaboration among teachers, counselors, parents, and students should be on-going in order to attend to the students' special needs.

When students are identified who have such needs, the school psychologist and school social worker often will be involved in the appraisal process. School psychologists function primarily as diagnosticians; they select, administer, and interpret tests for use in assessing the needs of students who have been referred to them. The social worker will generally establish contact with the student's family and may visit the home in an effort to assess and, if necessary, improve the family environment. Information and assistance also may be sought from the school nurse, the family physician, and others who may be able to contribute to the child's positive development.

The goal of the multidisciplinary approach is to gain enough information on a child via standardized testing, school grades, observations, interviews, and reports of significant others to plan a procedure for helping the child. Although the procedure or treatment may be conducted by an outside agency rather than by school personnel, the appraisal process is primarily the province of the schools and is the vehicle for ascertaining and, if necessary, improving the development of students.

Colleges and Universities

A typical student-counselor ratio in the schools is 300 or 400 to 1. In a college or university setting, even more students per counselor are likely. However, appraisal, as conducted in the college setting, is less

widespread than it is in the public schools. Although some colleges may administer a battery of tests to an entire incoming class, feedback is typically transmitted to the students by mail and the college that expects every student to have regular contact with a counselor is rare. Assessment, in a college setting, then, is usually conducted on an individual or small group basis or is done for admissions or screening purposes rather than for individual counseling.

Zytowski and Warman (1982) conducted a survey of 99 colleges and universities and 15 community and junior colleges. They found the following to be the inventories used by the highest percentage of institutions:

Colleges/Universities

1. Miller Analogies
Test—97%
2. Scholastic Aptitude
Test—84%
3. American College
Testing Program—83%
4. Survey of Study
Habits—76%
5. Edwards-Personal
Preference Schedule—74%

Community/Junior Colleges

1. Nelson-Denny
(Reading)—29%
2. Career Assessment
Inventory—20%
3. Minnesota Clerical
Test—18%
4. Strong-Campbell Interest
Inventory—17%
5. Self-Directed Search—
16% and American College
Testing Program—16%

From the results of this study one can conclude that testing is far more prevalent at the four-year college and university level than it is at two-year colleges. Also one can conclude that the testing of abilities predominates at the community college level while the senior institutions focus more on admissions tests as well as those of skills and personal needs. However, Zytowski and Warman found that the two tests most used in colleges and private agencies were the *Strong-Campbell Interest Inventory* and the *Kuder Occupational Interest Survey*.

Assessment, at the college level, is primarily directed toward helping students make realistic and satisfying educational and occupational choices. Sources of appraisal data include high school and college grades, scores on examinations required for admission to the institution, student self-report data, an occasional report from a concerned faculty member or fellow student, and the counselor's own observations. Data

from family and other outside sources are less likely to be available than in public schools.

Much of the assessment conducted in college settings takes place in the context of individual or group personal counseling situations. However, two common exceptions are present. Colleges are increasingly becoming aware of the need to provide students with career counseling. This is often accomplished by establishing career development classes or workshops. A battery of career-related tests typically will be given to students in such classes along with workbooks and exercises designed to promote self-awareness and career planning. Self-assessment, then, is encouraged at the college level.

A second exception is the use of computer-assisted guidance (CAG), widely available at colleges as well as at many high schools. Three CAG systems predominate in the schools (Heppner, 1985), although quite a few others are available. The three most widely used systems are the *System of Interactive Guidance and Information* (SIGI), published by Educational Testing Service, *Micro-SKILLS*, published by EUREKA Corporation; and *DISCOVER II*, published by the American College Testing Service.

SIGI, initiated in 1967, was one of the first CAG systems. It is a values-based system that provides users information on occupations that are consistent with their work-related values. Information on decision-making and career entry is also provided and, if data on the user's academic performance has been put into the system by the school or college, SIGI can also predict the user's success in chosen fields.

Micro-SKILLS is a skills-based system that compares the user's abilities with those required in 360 occupations. Information is available through the system on occupations of interest to the user.

DISCOVER II enables users to assess their interests, rate their aptitudes, and clarify their work-related values. Scores obtained from these self-assessments as well as those obtained on other inventories (e.g., the *Self-Directed Search*, the *Strong-Campbell Interest Inventory*) can then be used to access information in this system on relevant occupations and educational institutions.

The continued growth of CAG systems at the high school and college levels seems to be having an expanding impact on the appraisal process. Self-appraisal seems to be increasing with the aid of the computers, leading to an overall growth in self-awareness as well as increased comfort with the appraisal process. Computers do not seem likely to supplant the role of counselors in appraisal but, rather, to free counselors to engage in more individualized appraisal and counseling. A more detailed description of computer use can be found in Chapter 9.

Mental Health and Private Practice Settings

Appraisal in mental health settings (e.g., community mental health centers, private practices, family counseling facilities) is almost always conducted on an individual basis. The goals of appraisal, in these settings, include the following:

1. acquiring information on client concerns and dynamics so that diagnoses and counseling plans can be made,
2. measuring client progress,
3. measuring the impact of counseling and other interventions,
4. providing clients with information and feedback on aspects of themselves (e.g., communication skills, career interests), and
5. facilitating decisions on changes in counseling strategy and on the appropriateness of termination.

Assessment of client progress is an important aspect of the mental health counselor's role because of the close and frequent contact maintained with clients and the emphasis on accountability in many mental health settings. Much of the assessment is on-going and subjective, based on the counselor's impression of the client's progress. Several systems have been advanced to standardize and organize the process of on-going evaluation. One of these, developed by Law, Moracco, and Wilmarth (1981) is the *Problem-oriented Records System* (POR). The POR is a method of maintaining progress notes. After each client contact, the counselor makes notes according to the following framework:

Subjective—Counselor provides a subjective summary of the contact.

Objective—Factual information on the client's behavior and progress is presented.

Analysis—Counselor interprets data in the first two sections.

Plans—Client assignments and plans for the next session are described.

Semi-structured formats like the POR can help counselors to engage in the on-going appraisal process that is important in mental health settings.

Standardized tests and inventories also are used in mental health and private practice settings. All five types of inventories discussed earlier in this chapter are used in such settings. In addition, mental health counselors working with couples and families often use inventories designed to assess marital dynamics and satisfaction. Many inventories are available in this area; 813 were catalogued in 1978 (Snyder, 1982) and many more have been developed since then. Because 75% of clients have concerns directly or intimately related to their marriages (Snyder, 1982), counselors should have some familiarity with instruments designed to be used in conjunction with marital counseling.

The particular inventories used by mental health counselors depends, to a large extent, on the nature of their agency or practice and the client population they serve. For example, rehabilitation counselors make extensive use of abilities tests and interest inventories. Counselors in community mental health centers and private practice do not make extensive use of tests but, when they do test, primarily they use inventories designed to measure personality and marital dynamics.

Formal assessment procedures are most likely to occur, in mental health settings, as part of the intake process. Intake procedures are often multidisciplinary with the counselor focusing on career and educational development, the social worker exploring family dynamics, the psychiatrist evaluating the client's physical health and need for medication, and the psychologist administering a battery of projective and other tests. Counselors in private practice may refer clients to other specialists for one or two sessions of testings and evaluation. Although considerable overlap and flexibility occurs in the roles of helping professionals in mental health agencies, each profession does have its own area of expertise that can be called upon as needed to further the appraisal process. Other

sources of information frequently used in appraisal in mental health settings include clients' medical and treatment records, their family members, and other staff members working with the clients (e.g., paraprofessional counselors, nurses, recreation therapists).

Appraisal in mental health settings is a challenging process. A thorough appraisal of all clients must be conducted at intake and then on-going appraisal procedures should be maintained throughout the counseling relationship. Instruments and procedures used will vary widely, depending on the nature of the agency or practice and the needs of the individual client, and counselors need to be cognizant of a broad range of tools for assessment. Also, unlike the public schools where inventories are typically approved and recommended by the school board or other advisory committees, mental health counselors, especially those in private practice, are on their own. It is up to them to decide when appraisal is needed and what instruments should be used. This degree of freedom can be rewarding as well as challenging.

Business and Industry

Counselors are increasingly finding employment in business and industry settings, not only as trainers and personal counselors in employee assistance programs but also as consultants to management. In that capacity, counselors may become involved in a different range of appraisal procedures such as conducting a needs assessment for a business or selecting the best candidates for employment or promotion. Several of the techniques used by counselors to accomplish these purposes will be reviewed here.

1. **Assessment Center**—The assessment center method is an intensive program, typically requiring approximately three days, designed to select and train candidates for management positions in businesses, schools, industry, and government. Multiple assessment measures are used to promote participants' awareness of their management and personal styles and abilities and to help the trainers select the best qualified participants (Bray & Howard, 1983).
2. **Needs Assessments**—These are typically conducted in an organization to diagnose impediments to worker satisfaction and high productivity and to develop recommendations for

change. Basic approaches to needs assessment include questionnaires, inventories, individual and group interviews, polls, observations, analysis of records (e.g., absences, productivity, employee turnover), and projective drawings (Bowditch & Buono, 1982). A needs assessment might consider the following: nature of the felt need, organizational climate, power structure, and training goals and possibilities (Ulschak, 1983). A favorite tool has become the *Myers-Briggs Type Indicator*.

3. **Performance Appraisal**—Counselors might be involved in assisting personnel managers and others in identifying standards for employee performance, developing instruments to measure performance, conducting the appraisal process, providing employees with feedback on their performance, and helping management to make decisions based on the appraisal data.

Counselors in business and industry settings are involved in organizational as well as individual appraisal and need skills and techniques that go beyond a basic mastery of test usage. They must be able to integrate data from many sources in order to make recommendations that may have a profound impact on the development of an organization as well as on the lives of its employees. Accountability and productivity are stressed in organizations and counselors trained in a client-centered tradition may have difficulty adapting to their new roles. Sorting out priorities and loyalties may be particularly challenging for counselors in business and industry; although they often can provide some counseling to employees who are troubled by or adversely affected by organizational changes, the counselor involved in organizational development and consulting (Kirby, 1985) typically needs to assume a broader perspective which may lead to deemphasizing individual needs in favor of those of the group or organization. However, the sensitive and humanistic counselor can contribute a great deal to the welfare of employees through the training, assessments, and recommendations that the counselor offers.

SUMMARY AND CONCLUSIONS

The recent literature on assessment suggests that the field is still in flux with continuing technological and theoretical changes. Some of these are as follows:

1. Increased availability of career assessment.
2. Increased emphasis on equality in assessment (e.g., rights of handicapped persons, women, ethnic minorities).
3. Increased assessment with adult clients.
4. Use of wide-range assessment programs at national and state levels.
5. Improvement and increased availability of computer assisted guidance systems for assessment, scoring of tests, and information giving.
6. Increased public awareness of the role and importance of appraisal.
7. Increased use of multidimensional appraisal instruments (Miller, 1982).
8. Increased use of locally developed tests and instruments.
9. Increased use of assessment procedures other than tests (e.g., observations, ratings, interviews, self-assessments, work samples) (Mitchell, 1982).
10. More specific information provided through assessment.
11. Inventories of personality, interests, and values used more; inventories of abilities, used less.
12. Tests increasingly incorporate developmental concepts.

13. More tests developed for special populations (e.g., handicapped or bilingual individuals) (Jepsen, 1982).
14. More tests in specific areas (e.g., attitudes toward death, life satisfaction, problems of older clients, leisure needs).

Clearly, assessment will continue to be an important component of the counselor's role regardless of the setting in which the counselor is employed. The assessment process brings with it a great deal of potential for promoting self-awareness, self-esteem, sound decisions, and personal growth. It also brings with it many risks. Both the burdens and the rewards of the appraisal process fall to the counselor who has the challenging task of developing, implementing, conducting, and making productive use of the appraisal process.

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CHAPTER 5

CONSULTATION

Johnnie H. Miles, Ed.D.

What is consultation? The counselor who helps a teacher devise a different strategy for classroom management is involved in consultation. A counselor assisting a parent group in learning problem-solving skills is providing a consulting service. A school counselor receiving training from a psychologist to sharpen skills in identifying the learning disabled is receiving consultation. The counselor in training who asks advice from the university supervisor regarding his/her clients is seeking consultation. The psychologist who talks with the director of a mental health clinic about how to more effectively manage the center's caseload is engaged in consultation. An educator who works with a group of managers as they undertake a reorganization plan is also engaged in consulting.

The situations cited above are only selected examples of the breadth of consultation activities. The services provided, the needs of consultees, and the settings in which consulting is delivered vary extensively, yet consultation has become a recognized function within counseling, business and industry, government, social work, and medicine.

As an emerging role, consultation is increasingly viewed by human services personnel as an approach with the potential for expanding their services to clients (Umansky & Holloway, 1984). In particular, consulting is seen by counselors as an attractive and positive alternative to direct services to clients. Consulting opens avenues for influencing significant individuals, groups, or systems that are impacting on clients.

Consultation services have proliferated over the past twenty years and are now utilized widely throughout human services. Consultation was determined by the ACES-ASCA Committee in 1966 to be one of three major roles of elementary counselors. Psychologists in Division 17 of APA consult about fifteen percent of their time (Nutt, 1976) and business and industry expects to spend over 3 billion dollars in consulting in the 1980s. In addition, consulting has been described as the process with the potential to solve educational problems (Brown et al., 1979); increase success in work with parents and families (Christensen, 1972); teachers (Sulzer & Mayer, 1972), and students (Krumboltz & Thorensen, 1969); and be an approach for resolving client concerns on individual and organizational levels (Blake & Mouton, 1976). ACES formed a committee (Consultation Task Force) in 1982 to enhance the understanding, teaching, research, and practice of consultation. With this type of growth, consulting has found its place within counseling.

DEFINITION

A review of the literature revealed that no universally accepted definition of consultation exists. However, the definitions varied according to the settings and/or the purpose for which the effort was directed. Consultation describes a number of relationships within and outside of educational settings.

Traditionally, the consultation relationship was perceived as defined by Lippitt (1959) as "a voluntary relationship between a professional helper (consultant) and help-needing system (client) in which the consultant is attempting to give help to the client in the solving of some current or potential problem, and the relationship is perceived as temporary by both parties" (p. 5). Consultants were generally viewed as outsiders with a well developed base of expertise who intervened in the organization for

the purpose of helping to solve an individual, group, or system's problem. While this particular view of consulting evolved in business and industry, it was the model employed initially when human service organizations and educational institutions sought assistance from outside resources. Although this model prevails, consultation is currently viewed as a process through which the consultant and organizational representatives collaborate for the purpose of planned change.

Consultation was defined by the ACES-ASCA Committee (1966) as the process of sharing with another or group information and ideas, of combining knowledge into new patterns, and of making mutually agreed upon decisions about the next step needed. This definition resulted from a study of the role of elementary school counselors which identified consultation as one of three major role responsibilities of counselors.

Caplan (1970) described consultation as

a process of interaction between two professional persons—the consultant, who is a professional, and the consultee, who invokes the consultant's help in regard to a current work problem with which he is having some difficulty and which he has decided is within the other's area of specialized competence. (p. 5)

Similarly, Brown and his colleagues (1979) defined consultation

as a process based upon an equal relationship characterized by mutual trust and open communication, joint approaches to problem identification, the pooling of personal resources to identify and select strategies that will have some probability of solving the problem that has been identified, and shared responsibility in the implementation and evaluation of the program or strategy that has been initiated. (p. 8)

Kirby (1985) defined consultation in terms of relationship conditions. She identified four conditions:

1. Consultant-consultee relationship is voluntary
2. The focus of consultation intervention is on a work situation or role of responsibility of the consultee
3. The consultant is functioning outside the structural hierarchy
4. The consultant is perceived as an expert in the area in which consultation is offered

An overview of the definitions reveal that consultation is considered to be a facilitative relationship between professionals, one of which is in need of help. The professional providing the help is presumed to have special competence in the area(s) of need. Consulting is also presented as collaborative in nature in that any decision or actions to be taken are determined jointly, but the final action is generally left to the consultee to implement. This does not imply that consulting is limited only to the professional arena because consulting can take place in any human system and be delivered by lay persons as well. The emphasis in this chapter, however, is placed on the professional consultant and more specifically on the counselor as consultant to human systems.

Many definitions will contain the words consultant, consultee, and client. The *consultant* is the helper. The *consultee* or *helpee* is the individual with the problem. The *client* is the individual, group, or system that is the focus of the problem that the consultee brings to the consultant. *Consulting is thereby considered an indirect or third party interaction.* It is a process that is problem-oriented in nature and continues to be viewed as a temporary and developmental process with the expectation that the consultee will be able to maintain the system following the withdrawal of the consultant.

HISTORY OF CONSULTING

The rapid rise and stabilization of consultation as a role and function of human services personnel is more understandable when viewed from a historical vantage point. Consultation was emerging in several disciplines at approximately the same time. It was recognized early as a service with the potential to help individuals and organizations become more efficient, effective, independent, and better able to manage change.

Consulting was a well established practice in business, industry, medical establishments, and governmental agencies long before its advent in mental health and education. Consulting in these settings emerged as a direct service with consultants being hired to resolve some temporary or recurring concern. The consultants were viewed as technical experts, and their expertise was purchased to solve primarily production concerns (Schein, 1969). Later organizational consultants and psychologists, due to compatibility of their training with the needs at

hand, were brought into the organization to respond to process concerns, e.g., absenteeism, morale, interpersonal conflicts (Goodstein, 1978). These kinds of human resource concerns and the selection of social scientists as resources, led to greater participation of members in the problem-resolution process. The success of initial experiences demonstrated that involving the consultee and other members from the organization enabled them to learn decision-making skills and to manage similar problems in the future without the consultant (Kurpius & Robinson, 1978). This shift in consultant orientation provided the foundation for the development of the collaborative approach.

Early in counseling history, consulting was advocated as a role that was developmental in its approach. The recommendation was that counselors be consultants who involved in a cooperative enterprise all those who affect the development of children. Wrenn was an early advocate of this position and in a review of the role of counselors, emphasized the importance of consultation by suggesting that the "Counselor may be able to help students more by providing assistance and understanding to the adults in the students' lives than by using the same amount of time with individuals or even groups of students" (1973, p. 62).

Consultation gained in importance for counselors as a result of efforts by professional organizations. It was identified as one of the three roles of elementary school counselors (ACES-ASCA, 1966), as a responsibility of the secondary school counselor (ASCA, 1977), and as a mandate for parents and school personnel by P.L. 94-142 (Humes, 1978). In addition, some attention was given in the Standards for the Preparation of Counselors (ACES, 1977) to training students with consultation skills.

The real impetus for consultation in mental health and education occurred with the passage of the Community Mental Health Center Act in 1963 which mandated consultation services as a dimension of community mental health programs (Kurpius & Robinson, 1978). The act sought to promote the growth of preventive and developmental programs and the movement away from remediation as a primary focus in service delivery.

Kurpius and Robinson (1978) in a historical overview of consulting found the following: (1) Consultation during the 1940s and 1950s was delivered primarily as a direct service to clients; (2) during the late 1960s in mental health and business consulting, consultees were brought into

the process as active, contributing members; and (3) this shift brought consultation into the forefront as a collaborative process and as a catalyst for change.

EDUCATIONAL PREPARATION OF THE CONSULTANT

Consulting has gained considerable attention and popularity, but researchers indicate that school counselors, for example, do not use consultation as often as direct services to clients (Biggers, 1977; Schmidt & Osborne, 1981). What conditions govern the use of consulting as a strategy for helping? Moracco (1977) suggested that limited consultation skills and training programs that did not systematically teach consultation techniques were the two primary interrelated factors contributing to the underutilization of consultation. The same general criticism against training programs was echoed by numerous others (Kahnweiler, 1979; Adkins, 1977; Dinkmeyer & Carlson, 1977).

Two recent studies of counselor education programs (Miles & Hummel, 1979; Splete & Bernstein, 1981) found that training in consultation skills was available to students currently enrolled in masters' programs. Their results, respectively, revealed that specific courses on consultation were offered in 44% and 33% of the programs, and content on consultation was included as units in other courses in 35% and 62% of the programs. The researchers indicated that training was not only prevalent but was increasing in frequency from 79% (Miles & Hummel, 1979) to 95% (Splete & Bernstein, 1981) of the preparation programs. Although coursework on consultation was available, it represented only about 15% of the content taught and was required in less than 45% of the responding programs in both research studies. Personnel in counseling psychology training programs also indicated a serious interest in the topic. Almost two-thirds of the APA-accredited predoctoral training programs offer an organized consultation course and 30% require this course (Gallessich, 1985).

If those trends were also occurring in institutions that did not participate in the aforementioned studies, then new professionals entering the field will probably have had some exposure to consultation skill training. However, current training would not nullify the insufficiency of

consulting skills by counselors trained prior to the 1970s. Hollis and Wantz (1983), based upon a longitudinal study since 1970, reported that

Consultation continues to hold attention and need for expanded preparation. In 1983 consultation ranked fifth in courses added (2nd in 1980) and ranked second in increase in program emphases. Maybe most programs have now developed a course or more on consultation. Perhaps the course concept is only one method for preparing counselors as consultants. Other methods may be utilized to prepare counselors for what has become an accepted part of the counselor's role.
(p. 80)

Counselor educators, in tandem with professional organizations, appear to have a responsibility and an opportunity to systematically provide for in-service and pre-service training if counselor involvement in consulting is going to be comparable with the emphasis given to the role.

Umansky and Holloway (1984) implied that practicing counselors without consulting skills had some responsibility and could take some positive steps to acquire those skills. They made four suggestions to get counselors started:

1. Counselors can become involved in an in-service committee (or start one) so that they can make their needs for training known and plan in-services to meet those needs.
2. If a college or university is in the area, counselors can let counselor educators know of their interest in additional training in consultation. A continuing education division of a university or a state department of education may also be responsive to requests for additional training.
3. Counselors can locate professionals in the community, such as psychologists or personnel managers, who have particular skills they want to develop and who can act as consultants to them. One way of doing this is to have a two-sequence program relationship, one of which emphasizes theory and skills while the other involves supervised practice and case consultation.
4. Counselors can organize an interest group with other counselors in which they can study and discuss consultation together. They can act as consultants and a support system for each other in learning and implementing the consultant role. (p. 334-5)

Lippitt and Lippitt (1978) agreed that consultants need to develop strategies for continuing development. They suggested several means of acquiring support from colleagues and students, e.g., getting feedback for consultees, co-training and co-consulting, documentation, publication, asking others what they do, enrolling in learning opportunities, joining an association or group, and personal self-development study.

Proponents of consultation, however, have advocated the development of requisite skills at the pre-service level so students would be prepared to implement consultative activities immediately following training. While consistency exists on the notion that training be available, great variations occur regarding the content and the methodologies to be used (Dinkmeyer & Carlson, 1977; Froehle, 1978; Gallessich, 1974, 1980; McGreevy, 1978).

Despite the diversity of approaches, most recommend the development of a base of knowledge and supervision in the practice of skills. Perhaps the increased interest in the topic will stimulate additional research and study of training needs and lead to the identification of further knowledge and skills required to conduct consultation.

THEORETICAL APPROACHES TO CONSULTING

Consultation takes place in many different disciplines, professions, and settings and is conducted by people possessing varying degrees of expertise and training, e.g., shopping consultants, travel consultants, management consultants, mental health consultants, human resource development consultants, and career consultants, just to name a few. Although the purposes for consulting are different, many of these consultants use the same techniques and strategies in their work. They each enter consulting with a set of assumptions, knowledge, and skills that guide their behavior. These ideas and assumptions emanate from a philosophical and theoretical base. The theory, along with the nature of the change process, separates one consultant from another.

Consulting itself has not been exclusively linked with any particular theoretical point of view. It has even been viewed as atheoretical at this stage of its development. Kurpius and Robinson (1978) summarized its growth thusly:

At this time, however, there are no clearly specified theoretical approaches specifically identified with consultation. Each consultant is guided in the process of consultation by how he philosophically believes he can most effectively influence change in the client system. (p. 322)

Individual consultants have ideas about how people learn and behave and also about how systems operate. They will often borrow ideas from existing theories in other disciplines and consolidate them with their own experience to create a model for their practice. Counselors who function as consultants generally operate within the same theoretical/philosophical framework they typically use in counseling. Many professional writers have suggested that consultants would be advised to develop their own personal theories. As pointed out by Brown et al. (1979), evolving a personal theory is a long-term process and is especially difficult without training. Most authors, however, support the idea that adopting or developing a theory of some kind is a necessary first step for consultants. The strong commitment to theory results from the belief that a greater probability exists for organizational, personal, and educational changes if strategies emerge from a theoretical rather than a trial and error base.

Almost as many approaches to consulting are present as consultants, but few are systematic consultation theories. However, several adopted models with wide appeal to human services personnel will be reviewed in this chapter. They are the Adlerian-based Model, the behavioral consultation approach, mental health consultation, and process consulting.

Adlerian-based Model

Adlerian-based consulting evolved from the individual psychology of Alfred Adler. The orientation of the model is educational and the processes are based on cooperation between the therapist and the client or consultant and client. This orientation makes it compatible with the basic view of consulting. The consulting relationship must be based on trust in an atmosphere of complete collaboration.

Adlerians conceptualize humans as holistic social beings whose behaviors are goal directed. They seek to decrease feelings of inferiority and self interest which become motivating forces for developing satisfying social interactions and goals. Individuals need a sense of belonging in the family, at work, and with friends and need to develop constructive life-styles. The life-style construct is one's attitude toward life, cognitive

map, or the theme or unity of personality. If disturbances occur in the cognitive map, they are probably due to the psychodynamics of discouragement. Efforts toward correcting the life-style must be aimed at altering the individual's beliefs, attitudes, and expectations.

Consultation with family and school personnel would be appropriate for this model, especially with the emphasis on creating supportive environments for client development. By instructing parents and teachers in the concept of democracy and natural and logical consequences for behavior, the consultant is effectively expanding supportive climates that would engender personal growth. The processes used to work directly with clients are similar to those used by the counselor. Parents and teachers are not expected to have the same skills as counselors, "but the Adlerians believe that many human problems can be handled by relatively untrained persons who understand the dynamics of human functioning" (Brown et al., 1979, p. 41). Teachers and parents would be assisted by the consultant to establish a helping relationship with the client, identify and clarify the client's life-style or goals (emphasize more the goals of misbehavior), interpret and disclose the behavior to clients, and aid the client to make the necessary changes. Adlerians believe that once a person's life-style is disclosed, he/she will develop insight into the fictitious goals and develop a commitment to change. The underlying premise to this model rests in the ability of the consultant to educate consultees in the theory, principles, and techniques of this approach.

Adlerian consultation has been effective in group settings as well, which is not surprising with Adler being an early advocate of group work. His advocacy led to the development of child guidance clinics, family study groups, and spectator therapy, a concept of vicarious learning in which one person will hear another's problem and develop some ideas about how to handle a situation without ever mentioning the issue personally. A recently developed program based on Adlerian principles has focused on consulting with teachers in a group setting. Termed the "C" group, the program was developed to help change basic attitudes of teachers by helping them to realize they could change students more readily by changing their own pattern of interaction with children. The "C" group is so named because its components begin with "C"—collaboration, consultation, clarification, confrontation, communication, concern and caring, confidential, and commitment.

The "C" group focuses on personal involvement and growth of participants. Teachers in the group are taught the basic concepts about the

model and methods for improving communication, and they share with others in problem solving. Placing teachers in groups helps them to recognize that most problems are interpersonal and social in nature. They are asked to share real concerns in the group which reveal their feelings, beliefs, and behaviors openly. This approach enables them to understand on a personal level, behavior and behavioral change in its social context. Other members and the consultant will respond to the concerns listed and share their experiences. This process helps teachers to realize their concerns are not unique and that they can get assistance from colleagues who have similar experiences. By listening to others the teacher will become familiar with alternative strategies for solving problems that have been tested by others.

The "C" group format has worked effectively with teachers and is applicable for work with parents (Dinkmeyer, 1973). The parent "C" group has the same basic format as "C" group for teachers. The consultant concentrates on parent-child interactions, uses therapeutic forces of the group to promote the development of members, and uses skills in clarifying, confronting, and encouraging to obtain commitments from parents to become actively involved with their children in change processes. The "C" group permits counselors to work toward prevention and it helps students currently in need and other children of the teachers and parents as well.

Consultants who use this model must be warm and caring, able to establish a trusting relationship, open in communication, able to encourage or instill hope in participants, willing to learn, and able to confront fictitious goals. The consultant will initially be directive and active but later share his/her leadership, understanding that consultees and clients they serve must ultimately take responsibility for deciding what to do for themselves.

Behavioral Consultation Approach

The behavioral approach to consulting grew out of the principles of learning theory and behavior modification. Several features of behavioral theory distinguish it from other models, e.g., behaviorists believe that all behavior is learned and if learned can be unlearned, observable or measurable behavior is the unit of study as compared with emotions or insight, the individual is a product of his/her conditioning, and systematic or scientific methods can be applied to aid clients in obtaining specified goals or to effect desirable behavior changes.

Among consulting approaches, the behavioral approach has become the model of choice in many settings. It is the most heavily researched model with results to support its effectiveness (Meyers et al., 1979). Due largely to its close relationship with experimental psychology, the approach concentrates on identifying concrete details of a clients problem, developing measurable goals, and then methodically selecting the appropriate behavioral technique to use. This specificity of detail lends itself to research and also makes it conducive for teaching and learning. Emerging from this research is a variety of therapeutic methods now available to the behavioral consultant, e.g., behavior modification, systematic desensitization, aversion therapy, implosion therapy, and modeling. According to Gallessich (1985), "contemporary behavioral consultants may add ecological, social learning, and cognitive-behavioral theories to their repertoire and use methods such as visual imagery and cognitive restructuring" (p. 339).

The behavioral consultant's main task would be to work with key figures (consultees) within a human system to maximize the conditions that contribute to development and effectiveness of clients. To do so, the consultant would apply social learning theory in the consultant-client relationship. Once consulting begins, both work cooperatively to bring about the desired behavior change. Behaviorists use the early sessions to gather information and to develop a trusting relationship and also approach the change process in a manner similar to other models of consulting and counseling. Meyers, et al., (1979) introduced a five-step process common to behavioral consultants: defining the problem in observable terms, collecting baseline data, developing an intervention plan, implementing the intervention, and evaluating the intervention.

A critical component contributing to the success of this model is the competencies of the consultee. Since the issue is imperative that consultees fully understand the principles of learning theory, the consultant is often cast into the role of trainer/educator. When the consultee is knowledgeable, the intervention is put in place and the consultant may assist in the implementation. As consultees learn behavioral strategies, they are able to use them in handling immediate concerns and have access to them for related situations in the future. Educationally oriented consultation of this nature has both preventative and remedial value.

Behavioral strategies have found their way into educational, business, industrial, governmental, and mental health settings. Literature on its use and effectiveness in these settings abound. The model offers the consultant many alternatives either as the primary or

sole approach or as a contributing theory for an eclectic model. Since this section is a brief overview, the consultant is directed to other resources to study the model in depth.

Mental Health Consultation

Mental health consultation is perhaps the most comprehensive and coherent theory of the models (Gallessich, 1985). The model, unlike other approaches, does not have to be modified to use in consulting because it was specifically designed for this purpose. Effective practice of this model requires consultant to use highly developed clinical skills and have specialized consultation training.

The primary methodologies for mental health consultation are derived from the work of Gerald Caplan (1970). These strategies have had a long tradition in mental health and education and are currently transitioning into related organizations. Mental health consultation is distinguished from behavioral and psychodynamic diagnostic approaches by its *primary goal and focus being on change in the consultee rather than change in the client*. Mental health consultants view change in client (persons who are the primary focus of consultee's professional practice) as an indirect and secondary impact of their work.

Consultation in this approach is defined as collaboration between two professionals, one of whom is the consultant, a specialist in his/her field and the consultee, who is also a specialist but seeks the consultant's help with some difficulty experienced in the work place. The consultee's concern may involve the management or treatment of clients or the development or management of programs. Mental health consultation, despite the implied restriction in the definition, takes place on both individual and group levels.

Four types of consultation are identified in Caplan's Model: (1) client-centered case consultation, (2) consultee-centered case consultation, (3) program-centered administrative consultation, and (4) consultee-centered administrative consultation. In *client centered case consultation* the consultee seeks assistance in better understanding the nature of a specific client or group of cases. Following the understanding, the consultant helps the consultee develop the skills to deal more effectively with the problem. The consultant may need direct contact with client cases to collect data for a diagnosis which is shared with the consultee. This type of consultation is similar to the doctor-patient model

(Schien, 1978) in which the consultee purchases expertise in the diagnosis and treatment of clients.

The focus of the *consultee-centered case consultation* is also on the consultee. Particular attention is directed toward his/her professional behavior which might be responsible for the impasse in treatment of clients. The consultant serves in much the same role as a supervisor by reviewing the consultee's behavior and providing feedback and the assistance needed to change the behavior. Caplan denoted four areas of need in consultee-centered case consultation: (1) lack of knowledge, (2) lack of skill, (3) lack of self-confidence, and (4) lack of professional objectivity.

Program-centered administrative consultation has yet another focus which is in the area of program planning or management. The consultant observes and studies program operation; takes into consideration client contact, clientele potential and needs in the community, quality and quantity dimensions; and makes recommendations to the consultee on delivery of service(s). Consultants also may be asked to serve as speakers or trainers on some issue, design a service program, or evaluate a program in operation, all of which are examples of program centered administrative consultation.

Consultee-centered administrative consultation is viewed as the most complicated yet interesting type of mental health consultation. It concentrates on the psychological dimension that may serve as barriers to organizational effectiveness. Issues such as leadership, morale, power/authority, roles, and standards can contribute to ineffectiveness and inability of employees to carry out organizational programs. Thus, the consultation will assist the consultee in identifying and understanding the dynamics of these organizational stressors and to determine the location of resources necessary for intervention and problem-solving which are usually available within the organization.

Process Consulting

Process consulting is a set of activities on the part of the consultant which help the client to perceive, understand, and act upon process events which occur in the client's environment (Schein, 1969, p. 9). Process consulting, developed by Edgar Schein, emphasizes the interpersonal and group interactions which make an organization function. More specifically, he explores process concerns or "how" organizations

go about producing its products or services. Process consulting differs from other approaches because the focus is on the organization and the setting within which the problem emerges. This model does not ignore content issues but recognizes the importance of human interactions as central to every function of the organization and if human interactions improve, the chances of finding solutions to technical problems increase.

Process consulting is a collaborative model in which the client shares actively in identifying the problem, sharing in the diagnosis, and in generating potential solutions. Process consultants refer to "client" as the individual with whom the consultant works. The assumptions central to the model reinforce the idea that managers or the organization have the information and capability to diagnose and the resources to solve their own problems. In fact, process consultants believe clients "must" learn to rely on their own resources if they wish to remain healthy and productive. Consultants are therefore seen as facilitators rather than content experts. Their real expertise lies in the ability to involve people in self-assessment or diagnosis, problem solving, and interpersonal communication at individual, interpersonal, and intergroup levels.

Communications, member roles and functions, problem-solving, group standards or norms, quality of work life, power and authority, and intergroup cooperation and the relationship of these variables to productivity and morale are identified as organizational processes worthy of the consultant's attention. Schein (1969) considered communication to be a critical component to understanding how the organization functions because it is accessible and observable. The emphasis given to communication here is on how people communicate not what they communicate. Murray and Schmuck (1972) saw the value of communication and included improvement of communication skills within stage one of their three stage organizational development framework. This is obviously a key factor in change processes to have open communication within the targeted organization.

Process consulting is a stage oriented model with seven identifiably distinct steps in the change cycle. They are (1) initial contact with the client organization; (2) defining the relationship, formal contact, and psychological contract; (3) selecting a setting and a method of work; (4) data gathering and diagnosis; (5) intervention; (6) reducing involvement; and (7) termination. Schein (1969) emphasized that these stages are not sequentially ordered because some stages occur simultaneously and others, such as data gathering, are on-going procedures.

Process consulting seems to be closely aligned with procedures in counseling. The skills needed by the process consultant—listening, communications, problem-solving, collecting and feedback of data, conflict management, and training—are skills needed in counseling. The counselor seeking to engage in organization development consultation would do well to develop a wide range of skills for the diverse roles process consultants are expected to play.

Many of the models used in consulting are not consulting theory based but are modification of other approaches. These modifications have not been a major problem for short-term or small-scale projects in which consultants provide information or gather data and report findings. In large-scale organizational change, the consultation goals, roles, and procedures become more complex and a model that explains, anticipates, and plans for the shifts is needed even by the experienced consultant. Several consulting theories have evolved over time but the research accompanying them has lagged far behind actual practices. Perhaps the lack of a conceptual theory has not received sustained attention because it is spread out over so many disciplines and settings, performed by a variety of persons, and is not considered a primary activity of any professional group. Gallessich (1985) indicated that such atheoretical attitudes toward consultation were barriers to the development of cogent theory. She highlighted the need for a meta-theory for consultation and enjoined practitioners to take some responsibility for its development.

ROLES OF CONSULTANTS

Change in any system is a complex and dynamic process. It draws all those involved, members and consultants alike, into a variety of roles and procedures. Consultants shift in and out of roles due either to theoretical approach, nature of the contract, goals, personal competence, personal preference, evaluation of the change process and discovering new needs, or external events in the client system. While this description appears to require conscious decision-making, Lippitt and Lippitt (1978) believed that "the consultant reacts to a situation with his or her whole being and with behavior that is determined less by a process of deliberated decision-making than by a complex of trained reactions and experiential responses, some of which are unexplainable" (p. 51). They have described roles for consultants, not for the purpose of implying that a preferred roles exists, but to emphasize that role selection is a critical dimension of effectiveness.

Identifying consultant roles helps clients to determine what the consultant is doing and at the same time aids the consultant in quantifying his/her behavior. It permits the consultant to track the progress and to alter the role or direction at any time during the consulting activity. Because role selection is sometimes influenced by intuitive processes, consultants must be aware and must have some skill in the application of each role.

Consultant roles are conceptualized and presented differently by practicing professionals, a few of which are presented in this section. Bennis (1973) identified three roles for change agents which were training, consulting, and applied research. Lawrence and Lorsch (1969) proposed three roles as well: educator, diagnostician, and consultant. Lippitt and Lippitt (1978) devised a directive to non-directive continuum for consultant roles. Keep in mind that these roles are not mutually exclusive nor rank ordered in the continuum. As the continuum is described, you will note that consultant and consultee behavior changes as you move from one end to the other or from one role to another. On the non-directive end of the continuum the consultee or client is highly involved while the consultant participates at a low level. Interactions are characterized by a high degree of trust in consultee and extensive involvement by members. The consultant is available but assists the consultee to act. The roles prevalent during this phase are objective observer/reflector, process counselor, and fact finder. On the directive end of the scale, the client is the low level participant and the consultant takes a more active part. Some reliance is on the consultant to use his/her skills and expertise for a particular task. Roles found at this end are trainer/educator, informational expert, and advocate. Near the middle of the continuum, the consultee and consultant collaborate and participate interchangeably through roles such as alternative identifier, linker, and joint problem solving. Each role, when implemented, requires special skills/actions from consultee and consultant, and it makes a contribution to the change process. Consultants would be advised to explore each role and build those skills so they can access them at will.

CONSULTATION AS A STAGE ORIENTED CONCEPT

Consultation seems to fit naturally in the framework of human services. It is similar to counseling in its approaches and has been referred to as a natural extension of counseling (Miles, 1979). Each intervention is

well grounded in theories of personality and human development and follows a plan of action aimed at effecting change in human systems.

Human systems, any system involving people, exist in a climate of rapid change and as a result must be able to change and adapt in order to survive (Capelle, 1979). Human systems are often reactive to the changes occurring in the environment but sometimes initiate the change to control the direction and outcomes of the process. Consultants who play a role in these change processes, must first be able to understand how human systems function.

The actual process of consulting that is selected for intervention varies according to the "purpose of the activity, the counselors' competencies, the circumstances at hand, and the people involved" (Shertzer & Stone, 1981, p. 225). The theoretical model(s) employed by the counselor, the level of human system involved and the personal preference of the consultant are also strong influences in selection.

The consultation process in action occurs through a series of stages which are interrelated and interdependent. Although they appear to be sequential and discrete, the stages are not mutually exclusive. The consultant may often operate in several stages concurrently, backtrack, or skip stages depending on the needs of the consultee.

The stages of the consulting process have been delineated by numerous practitioners. Kurpius and Robinson (1978) identified a nine stage process; Lippitt and Lippitt (1978) and Meyers, Parsons, and Martin (1979) had six; Brown et al. (1979) had five; Miles (1979) introduced a model with eight stages; and Kirby (1985) identified two phases with seven stages. Close scrutiny of these stages reveal considerable variation as well as similarities. The stages of the Miles (1979) model will be briefly described along with the roles and functions of the consultee and the consultant in the process.

Stage 1: Developing an Understanding of the Need for Change.

The consultee observes his/her environment, perceives a need for change, makes an initial diagnosis of the problem, and decides to seek help from a consultant.

Stage 2: Initiation of the Relationship. The consultee seeks out the individual(s) with the expertise to help and makes the contact. The consultant explores the consultee's diagnosis of the

problem, his/her commitment to change, and the potential for developing an effective consultee-consultant relationship. If mutual agreement exists about what needs to be done, who will do it, and where it will take place, then a formal or informal contract may be devised. Stage 2 defines the parameters of the consultative relationship.

Stage 3: Establishment of a Helping Relationship. Consulting cannot be meaningful unless those who need help feel comfortable with the person(s) giving help. To facilitate Stage 3 and provide a smooth transition for Stage 4, the counselor should respond to the consultee with empathy, respect, and openness. The consultant will use interpersonal communications skills and techniques to help the consultee feel less threatened and to encourage collaboration.

Stage 4: Conceptualizing the Consultee's Problem. Stage 4 is the data gathering phase in which consultees describe their perceptions about the client(s), the presenting problems, and the systemic forces involved. The consultant assists the consultee in structuring the data into relevant combinations and clarifying the problem in specific, observable terms. The consultant should share the theoretical framework used in defining the problem, enabling the consultee to better understand the ideas and techniques suggested later in the process (Parsons & Meyers, 1984).

Stage 5: Examining Alternative Solutions. In Stage 5, the consultee and consultant engage in brainstorming, divergent delphi, or other idea generating activities for potential solutions that will be responsive to consultee and client needs. It is important in this stage to encourage creativity in thinking to elicit novel or innovative ideas.

Stage 6: Determining the "Next Step." After the generation of ideas in Stage 5, the consultant and consultee work to evaluate the ideas for feasibility in resolving the problem. Several facets to consider are (1) the complexity of the goal, (2) the consultee's expertise to complete the action plan, and (3) the conditions within the milieu that facilitate or impede change.

Stage 7: Implementation. The consultee will put the plan in action following the guidelines established in Stage 6. A key function of the consultant is to assure that the skills needed to take

action are in place. If not, the consultant may arrange instructional training for the parties in question. The consultant maintains contact throughout this phase and provides support and any other resources needed to accomplish the change process.

Stage 8: Follow-up and Evaluation. Appropriate procedures need to be in place to receive feedback during each phase of the action. This on-going assessment allows for feedback at strategic points and modification of the process if needed along the way. In Stage 8, the total process is evaluated to determine if the needs of the client and the consultee were met, the degree of effectiveness of the consultant, and whether the plan can be reformulated for future use. Following the evaluation, the consultant prepares for disengagement by planning periodic review sessions and/or by training the consultee to continue the functions started.

In summary, this section outlined the nature of the consultation process as a stage oriented concept. This format is useful to novice and experienced consultants in helping to guide their interventions with client systems from the initial contact to termination.

The stage orientation would be useful in consulting with human systems at all levels. However, it should be noted that some situations might not require implementation of all stages or some might require using different skills altogether.

APPLICATION OF CONSULTATION STRATEGIES

Considerable attention has been devoted in this chapter to describing what consultation is and how to conduct it from various theoretical viewpoints. We have also reviewed the multifaceted roles consultants play in the performance of the different stages but less attention was given to specific implementation of consulting. This inattention was deliberate in order to reserve space in this section to discuss the direct application of consulting in selected settings. The settings chosen are organization development in business and industry, mental health consultation, and consulting in the educational enterprise.

A major goal of organization development consulting is to plan, design, initiate, monitor, or evaluate a change occurring in a functioning

client system or organization. It is a process for increasing organization effectiveness by blending needs and goals of employees with those of the organization. Organization is used in this section to reflect any on-going physical or organic structure or body composed of more than two people, e.g., work group, committee, department, company, school district, hospital unit, or agency.

Organization development consulting focuses on work with intact organizational units. It attempts to change the way the system functions by improving the interactions, morale, and the overall quality of life in organizations. It might include changes such as job enrichment, team building, administrative reorganization, conflict management, program development, or instituting a quality circle program which involves employees in the decision making realm of the organization.

The ultimate aim of consulting at this level is to build a supportive climate within the organization to enhance productivity. To achieve this aim, interventions are based on openness and collaboration requiring a strong commitment from the organization to participate fully in the process. Key figures from the top down in the organization must be willing to identify concerns, become involved in diagnosing the problem, and be involved actively in the problem resolution stage. Some general acceptance must occur if the notion that change in an individual or group is best instituted by changing the environment within which they operate.

Business and Industry

The business/industry enterprise is motivated by effective and efficient production and service and is attentive to those factors that make the former a reality. Attention is therefore geared to the human resource element within the organization. Understanding how humans interact within systems can be accomplished by exploring communication, member roles and functions in groups, group problem-solving and decision making, group norms and group growth, leadership and authority, and intergroup cooperation and competition (Schein, 1969). By studying these processes, one could single out destructive patterns for reduction while constructive patterns are reinforced.

Consultants are called in to organizations to attend to specific problems or to initiate change in some area of the organization. Several approaches to accomplish these tasks have been previously discussed.

Selected services or techniques that are arms of those approaches will be highlighted in this section.

Training is a consulting role used extensively in organization development in business and industry. Training is delivered to individuals either as intact work groups or part of a group pulled from related or unrelated organizations, commonly called stranger group training. The intent of this type of training is designed to provide skills in the art of working with people. Workshops or seminars may be offered on topics to aid employees at all levels to function more effectively as individuals and as workers. Topics such as stress management, setting objectives, affirmative action, performance appraisal, delegating, essentials of leadership, time management, or developing effective work climates are just a small sample of the variety of services delivered in training.

Team building, quality circle, and organization consulting involve functional work units by helping members to evaluate how they work together and to participate in strategies for enhancing that work. Process consulting is frequently used in consulting with intact units or the organization as a whole. Consultants are used in business and industry to provide or aid in establishing employee assistance programs or career counseling services.

A basic goal of consulting in business and industry is to create a conducive climate for individual and organizational development and to equip consultees with the competencies to solve present and future problems. This type of orientation aids in remediation of current problems and lays the groundwork for prevention of similar problems in the future.

Mental Health

The 1963 Community Mental Health Centers Act mandated emergency, outpatient, partial hospitalization, inpatient care, and the creation of consultation and education (C&E) service programs in every federally-funded community mental health center. The inclusion of C&E services was an attempt to emphasize prevention as an important aspect of mental health. The federal amendments of 1975 and the Mental Health Systems Act of 1980 reinforced prevention as an integral activity of community mental health centers. These units are seen as integral

parts of the continuum of services a community mental health provides. Since that time, C&E units have provided services to professionals, other services agencies, organizations, schools, and the community on mental health issues.

Some recognition exists that mental health needs of the public exceed the availability of professionals to provide direct service. Thus, increased attention is focused on developing C&E services as a long-range attempt at reducing need for direct services. C&E services are designed to improve and back-up services of other care-giving agencies (e.g., public health, welfare, police, and schools), to educate the community about mental health needs, and to serve as a linkage between mental health and other human service organizations. The C&E services are accomplished through training and education and consultation. Consultants work with individual or groups in human service systems or other types of organizations as consultees engaging them in activities to improve both their interactions with clients and the effectiveness of their organizations.

Consultation and education focuses on extending its services outward into the community. However, it too can find uses for consultants in the areas of program design, management, monitoring, and evaluation. Some programs have used consultants to aid in developing public relations programs or simply to assure overall high quality in every facet of its services. Consultants are utilized in the clinical component of community mental health agencies as well and for some of the same reasons. In summary, effective consultation can be delivered by mental health agencies to others, and at the same time mental health agencies are prime clients for consultation services.

Educational Enterprise

Expanding educational technology and the changing needs of students have imposed tremendous pressures on the structure and fabric of the educational enterprise. Efforts are being expended by educational specialists to research and understand the impact of these pressures on learners and to devise strategies for more effective educational programs. Coupled with these efforts is an awareness and realization by educators that current practices are insufficient to permit consideration of individual differences and needs of the diverse clientele schools currently serve.

The range of activities for human service personnel has substantially broadened in response to these shifting needs and consulting is regularly being substituted for individual counseling. Educators are becoming more aware of environmental impacts on learning and behavior and as a result are actively pursuing means of changing environments for the benefit of students. Shertzer and Stone (1981) saw the school as the client and changes in teachers and significant others as trickling down to students, the major beneficiaries of this effort. Consultation in this setting is aimed at improving the school as a social system. As such, consultants work with teachers, administrators, parents, curriculum committees, and student groups.

Counselors can use consultation to help classroom teachers understand individual or groups of student, their behavior, and to plan classroom strategies to ameliorate problem behavior. Teachers are aided in viewing students from a different perspective, in developing creative instructional strategies, and in understanding how change in their classroom strategies can reduce problem behavior. In consulting with administrators, the counselor can stimulate teachers' consideration of problem areas and can help them develop a solution for the problem. Counselors also can link school officials with community resources, and provide or design training for personnel lacking the skills for participating in the change process. They could also serve as process consultants to facilitate the change process.

Parent consulting focuses on helping parents to understand the impact of their interaction on their children. The Adlerian approach, the "C" group, and the behavioral approach are used frequently in parent consulting. Parents are taught how to communicate effectively with children, how to use democratic decision-making strategies, and how to structure situations to teach responsible behavior. In addition to parent and teacher consultation, consulting with students, organizational consultation, and consulting in the community. The suggestion is that as the consultant works through these units, educational problems could be resolved and learning climates will be enhanced.

School consultation is more prevalent at the elementary level due largely to the wide acceptance of consulting as a role of elementary counselors. Consultation is increasingly being used by secondary school, college, and university counselors. The purposes may be different but the approaches and strategies are the same.

EVALUATION OF CONSULTING

Evaluation is an important part of program planning and service delivery. It is more than an assessment of impact and outcomes. It is systematic inquiry into every facet of a program or service from beginning to follow-up. Evaluation is especially important for professionals using consultation for there is a paucity of research evidence on its effectiveness for clients. As the use of consultation continues to grow, so will the questions regarding its effectiveness.

Evaluation can be a means to show the potency of consulting as a helping strategy. The evidence on its effectiveness that is available has come primarily through testimonials by supporters rather than through systematic evaluation. According to Aubrey (1982), helping professionals have not understood and accepted the need for program planning and evaluation as readily as those in business, industry, and government. He further stated that "if workers in these professions do not take a serious look at the nature and character of their work, others will do it for them" (p. 52). At this stage of consultation development, more structured research and evaluation are in order.

Evaluation can provide answers to what happened during consulting, what was needed, what was effective, and what needed improvement. It can reveal data to determine effectiveness of the consultant and the benefit to the client/system. In addition to those answers, consulting may provide the empirical data to demonstrate that the counselor is servicing a broad client population. These data assist counselors in dealing with the accountability issues that are inevitable, especially during periods of declining resources. Effective counselors/consultants are building systematic evaluation into the program planning process to generate data for themselves as well as for client use.

Umansky and Holloway (1984) made several suggestions that would enable counselors to implement an evaluation program. They recommended planning in advance, setting dates for evaluation, setting goals that were measurable and relevant, and enlisting support from administrators and staff. The setting of specific goals and involving others seemed to be critical elements leading to success in this framework. Parsons and Meyers (1984) are also advocates of systematic evaluation. They support the notion of goal-based evaluation but caution against its use totally because it neglects important ancillary effects that occur in the

process. They introduced a model for evaluation that gathered both formative and summative data (information that would aid in decision making while in progress as well as information on impact of consulting). The model has five steps:

Step 1: Specifying Outcome and Their Measures. This step involves the identification and specification of desired outcomes of consultation, the development of criteria and measurement techniques, and the ratification of the goals by the consultee. The processes are the same whether the intervention is used with an individual client, the consultee, or the organization.

Step 2: Specifying and Evaluating Program Input. Step 2 evaluation goes well beyond looking at what happened. It details all the input elements that make up the consultation and the intervention strategies, thereby enabling the evaluation to provide a more meaningful analysis. Rather than simply indicating that the program was successful or unsuccessful, an analysis could be conducted to determine which inputs worked at what level.

Step 3: Identifying an Appropriate Design. Consultants will use their skill in research design to select a methodology that would provide the answers needed. Consultants are encouraged to develop these research skills or to identify resources within the organization that could assist in the venture.

Step 4: Implementing Evaluation. Planning for implementation is as significant a component of this step as in others. Once the program is designed, the consultant or consultee orchestrate resources and people to assure that it is carried out in a timely, efficient, and effective manner. Setting time lines, delegating, monitoring and scheduling are only a few of the tasks to accomplish during this time. Especially important during this step is ongoing communication between the consultant and the consultee. Together they can monitor the evaluation process and make adjustments as needed.

Step 5: Decision Making and Dissemination. When all data are collected, the evaluator must review the evaluation procedures for strengths or weaknesses, arrange data in useful patterns, write the report, and finally provide feedback to significant parties. The submission of the final report is usually a signal that

consulting is nearing its end. However, the report may reveal new concerns which, if consulting was effective, might lead to the establishment of a new contract or consulting relationship.

Models of this type may assist consultants in becoming more systematic about program evaluation. When they do incorporate evaluation, the answers to questions regarding effectiveness of consulting and accountability will be available. Through program evaluation, consultants will become more efficient in documenting what they do, how it is done, and the benefits of their work to clients.

In addition to the efforts in evaluation, practitioners need to upgrade the research in the field of consultation. Organized research efforts should be initiated to study the multifaceted dimensions of consultation, to identify the specialized competencies needed for effective consultation practice, and data on the "real" impact of consulting. Research strategies will need to be developed to fit the tripartite nature of consulting and to capture the essence of the cyclical quality of the process. Research has been conducted but represented discrete studies rather than systematic, programmatic research (Alpert & Yammer, 1983). More studies which concentrate on process variables and relate them to outcome variables are needed.

ETHICS IN CONSULTING

Ethical behavior is the performance of acts that conform to accepted professional standards and judgment of "right" and "wrong" behavior (Tokungaga, 1984). Ethical behavior for consultants is prescribed by the ethical standards or guidelines from professional organizations. These guidelines spell out what professionals may do in the performance of their regular duties as psychologists, counselors, social workers, educators, and so forth. The guidelines are not as specific regarding ethics in consultation according to Gross and Robinson (1985) who examined the AACD (formerly APGA) Ethical Standards on Consulting (1981) and the APA's Ethical Principles of Psychologists. They found only one of six guidelines in the AACD section of the standards on consulting to be different than those for the counselor-client relationship and APA's guidelines mentioned consulting only four times.

Furthermore, recent textbooks used in consulting courses have devoted few pages to ethical issues and a ten year review of journal publications in *Counselor Education and Supervision* and *The Personnel and Guidance Journal* (now entitled *Journal of Counseling and Development*) revealed only two articles that made reference to ethics. These factors are difficult to ascertain in light of the increased activity in the areas (Gross & Robinson, 1985). This absence of ethical guidelines places undue pressure on novice and experienced consultants and forces the public to make decisions on quality of service without reliable criteria (Gallessich, 1982).

Forcing professionals to rely on individual judgment concerning what constitutes ethical behavior is unnecessary at this stage in the history of consultation. Gallessich (1982) indicated that professionals had accumulated sufficient knowledge over the years to establish a functional ethical code for consultants and introduced a proposal for such a code in *The Profession and Practice of Consultation*. The proposed code is comprehensive and provides protection for the public and specifies guidelines for practice for the consultant. It contains 28 principles and covers topics ranging from definition of the client to accountability concerns. It is a first step within the human service arena to bring some consistency to a field in which practitioners come from widely diverse backgrounds. Existing ethical codes outside of the human service arena could serve as models during initial stages of research and development. The American Society for Training and Development, the Association of Consulting Management Engineers, and the Academy of Management have established standards for ethical behavior for consultants.

In the absence of existing codes within human services, a necessity is for those who consult to explore the potential ethical pitfalls or issues. Pfeiffer and Jones (1977) identified some 19 issues that are of concern to consultants. They grouped these into four categories which dealt with self and colleagues, individual clients, training groups, and organizations. The issues of appropriate and fair representation of professional qualifications, setting fees, personal health, and taking some responsibility for competence or behavior of a professional colleague were some of the issues subsumed within self and others category. These authors gave particular attention to individual clients by emphasizing the responsibilities of the consultant for informing and involving the client (consultee), maintaining confidentiality, and the avoidance of sexual contact with clients. Similarly, consultants must not deceive, coerce, or use inappropriate techniques with participants in training groups. In dealing with

organizations, consultants are encouraged not to contract or engage in guerilla warfare with organizations whose values they cannot accept nor agree to become a willing indirect arm of management for the discipline or dismissal of employees. Consultants are encouraged to recognize the power inherent in their positions and to use power in the best interest of the client.

SUMMARY

Consultation, as described in this chapter, is viewed as a vehicle for bringing about change in human systems. It is a recognized role of a counselor and is gaining in acceptance by other human services personnel. It is a process for helping individuals, organizations, and communities function more effectively and is an approach that enables service to be delivered in a cost efficient manner.

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CHAPTER 6

CAREER INFORMATION

Carl McDaniels, Ed.D.

Career information is often thought of in one-dimensional terms. For example, reading about an occupation, visiting a post-secondary institution, trying out a new leisure activity, and so forth. In the modern setting all of these are taken into consideration, of course, and much more. Here is a brief listing of the sources of career information.

SOURCES OF CAREER INFORMATION

First Hand Observation Through

- Volunteer Activities
- Family & Friends
- Leisure Activities
- Long Term/Short-Term Part-Time Work
- Summer Full-Time/Part-Time Work
- Summer School Work/Learning Programs
- Work-Study Experience

Shadowing Experience
Career Visits—Short & Long Term
Role Models—On the Job/In School
Personal Structured & Unstructured
Contacts/Interviews
Personal Career/College Visits

Film and Television—

Action Pictures and Sound

8 & 16 mm Films—Locally Produced
Commercial Films
Video Tapes
Television—Commercial Network & PBS—Cable

Still Pictures and Sound

Silent & Sound Film Strips
Slides and/or Tapes
Transparencies with Script and/or Tape Recordings
Commercial/Locally Produced Career Tapes
Radio—Commercial and/or Public Radio

Large Visuals

Posters—with Content and/or Pictures
Charts—Content
Bulletin Boards
Posters—Planned and/or Created—National Career
Guidance Week

Print

Books—Paperback/Hardcover
Magazines—Commercial/Specialized
Work Books
Comics
Newspapers—Features & Columns
Career Newsletters
Brochures
Monographs
Career Briefs

Automated or Semi-automated Systems

McKee Sort—Chronical Guidance Publication—College View
Micro Fiche
Virginia VIEW/Florida VIEW
Main Frame—Computer Assisted—Guidance Information
System (GIS)—Choices/Discovery/System of
Interactive Guidance Information (SIGI)
Microcomputer—Virginia VIEW Career Search
Software programs on a variety of career topics

Miscellaneous

Games—Careers/What Shall I Be
Simulation—SRA—Hands on Kits
Career Information Hot Line via toll free telephone
Interactive video on career topics

Others

Career information is available in many forms, shapes, and sizes. Mainly it is limited only by the counselor's imagination in creating ways to make the information available to the people with whom one works. The key term to conceptualize is *SYSTEM!* A systems approach to acquiring, evaluating, disseminating, and getting the information utilized. Chapman and Katz (1983) pointed out that print materials are mainly used in secondary schools, but this old-fashioned narrow approach simply is not effective in the modern fast paced information age.

DEFINITIONS

For purposes of this chapter, definitions of work, leisure, career, and career development are taken from a recent report by Sears (1982), which was reviewed and endorsed by a panel of career guidance experts, the National Career Development Association (NCDA) Board of Directors, and *Vocational Guidance Quarterly* editorial reviewers. The definitions are as follows:

Work—a conscious effort, other than having as its primary purposes either coping or relaxation, aimed at producing benefits for oneself and/or for oneself and others.

Leisure—relatively self-determined activities and experiences that are available due to having discretionary income, time, and social behavior; the activity may be physical, intellectual, volunteer, creative, or some combination of all four.

Career—the totality of work and leisure one does in a lifetime.

Career Development—the total constellation of psychological, sociological, educational, physical, economic, and chance factors that combine to shape the career of any given individual over the life span.

Career Information—the work and leisure information that can be useful in the career development process and includes educational and occupational as well as psychosocial aspects of both work and leisure.

For purpose of this chapter, understanding the concept of the formula, career equals work plus leisure ($C = W + L$) is important. The formula was first suggested by the author over twenty years ago (McDaniels, 1965) and updated in the 1980s (McDaniels, 1982, 1984a,b,c). The linking together of work and leisure to form the basis for a career over one's life span combines all three terms in a holistic framework. Through this linkage, leisure and work can be placed in proper perspective as equally important components of one's career. Counselors can recognize and promote the importance of both at all educational levels and assist persons in dealing with both work and leisure in one relationship—a career over the life span.

IMPORTANCE OF CAREER INFORMATION

Career information is important because it helps individuals make career decisions! Otherwise people decide on less than the best information available or are only influenced by the views of other people because they do not have the information themselves, or make decisions which they later regret because they did not have full knowledge of the facts. Perhaps some illustrations will clarify the point.

Joe decides to attend a nearby college because friends who were students there influenced him. After enrolling he found the

school does not offer the major in which he is interested. He will have to go through the troublesome transfer process. (A simple check of the college catalog or inquiring at the admissions office during a campus visit would have avoided this problem.)

Mary thought she would like retailing, so she got a job as a sales associate after high school graduation. Then she found out she would be assigned to work anytime between 10:00 AM and 10:00 PM six or seven days per week. (A class in Marketing Education or a part-time department store job would have provided some valuable information about retailing hours.)

Juan always wanted to be a drafter. When he applied for an apprenticeship he found out that courses in mathematics and drawing were required before entering the program. He is now taking these make-up classes at a community college. (Reading about the requirement for drafting apprenticeships in the material provided by the state career information delivery system would have avoided this problem or a visit in advance to the local apprenticeship council to check out requirements would have helped.)

Sally was enrolled in a registered nurse program at a nursing school when she decided to transfer to a four-year institution and major in biology. After transferring, she found out most of her previous technical courses at the nursing school would not count toward her degree. (Finding out about transfer policy information before enrolling in the nursing school or inquiring from the bachelor's degree granting institution about transfer policy would have cleared all this up in advance.)

Most people need all the information available to help them in making career decisions. Sometimes this is found in self-help books or through individual initiative but most often it is not. Technical and specific information is often obtained only if a counselor is aggressive in getting the material and making it available to users in an interesting and attractive format. The role of career information in counseling services is not something separate and apart from the rest of the services. It is an essential and integral part of counseling. *All* counselors need to have basic competencies in understanding career information. Some counselors may specialize in educational, occupational, or leisure aspects of counseling, but all counselors will be called upon to provide assistance

with fundamental information to assist with the career development process.

BACKGROUND OF CAREER INFORMATION

The Early Years: 1900-1950

Every since Frank Parsons set down his tenets for the profession in 1909, occupational information has been central to the vocational guidance process. Parsons felt that knowledge of the world of work, along with knowledge of self, was essential to arriving at any right-reasoned vocational decision. In very straightforward terms, he advocated an aggressive search for occupational information as follows:

(Job searchers) should read books and magazine articles about various occupations, and as they read to visit various industrial institutions, watch the men at work, talk with them, ask them how they like their work and their pay and if there is anything they do not like and what it is, if they would advise a young man to enter their line of work or not, and why. The boy is asked in some cases to try his hand at various occupations—farming, taking care of animals, carpentry, machinist's work, setting type, selling goods, etc.—to broaden and deepen his practical experience, and bring to light and develop any special capacities, aptitudes, interests, and abilities that may lie dormant in him or be readily acquired by him. After some weeks or months of such reading, investigation, and practical self-development, the applicant may come back and have another interview, when it may be possible to arrive at some definite conclusion as to what line of work it may be best for him to prepare himself for. (Parsons, 1909, p. 19)

For many years, this admonition by Parsons was the directive to the emerging movement of vocational guidance. People of all ages in need of vocational counseling were urged to read from newspapers, magazines, and books to acquire occupational and educational information. The first-hand experience method was used by some to acquire occupational and educational information, but this method did not seem to be as favored as the reading approach. For 50 years (1900-1950) reading was the traditional approach to the acquisition of occupational-educational information.

A Period of Sophistication: 1950-1980

In the post-World War II period of the 1950s, a much more sophisticated phase of occupational-educational information developed. During this time, significant new equipment and technology emerged

that was applicable in the field of vocational guidance. In addition, the U.S. Department of Labor played a major new role, and a greater emphasis was placed on personal experience opportunities. The events of this era were paced by the following developments.

Expanded Role of the Department of Labor. The first edition of the *Dictionary of Occupational Titles* (DOT) was published by the Department of Labor in 1939 and was revised in 1949, but the years before the third edition in 1965 were thought by many to be most crucial in the emergence of the DOT as a vital source of information. The publication of the Data-People-Things concept and the worker trait group arrangements made the DOT much more useful as a source of accurate occupational information. In the Bureau of Labor Statistics, the creation of the biannual *Occupational Outlook Handbook* (OOH) has emerged as the single most often used source of national occupational information according to Chapman and Katz (1983). The OOH has become the standard. It is the source of much that was to occur during the 1950-1980 period. The *Occupational Outlook Quarterly* was developed as a worthy companion to the OOH. The *Quarterly* brings timely updated information between the 2-year editions of the OOH. The publication of the OOH and the DOT clearly established the Department of Labor as the national source of occupational information.

Expanded Role of Commercial Publishers. The quality and quantity of commercially published print materials increased dramatically between 1950 and 1980. Not only did three large firms—Science Research Associates, Chronicle Guidance Publications, and Careers—offer regular subscribers' services, a number of publishers led by Richards Rosen Press, Vocational Guidance Manuals, and Julian Messner produced new and timely hard and soft cover books applicable for all ages. Professional direction to this burgeoning print field came from the National Vocational Guidance Association's (now National Career Development Association) Criteria for the Development and Evaluation of Occupational Information. No longer did a shortage of sources of information exist, but rather a question of which sources to use.

Expanded Role of Media. With the passage of the National Defense Education Act in 1958, funds for school guidance programs became more readily available. With new funding, a host of film, film strip, audio tape, and videotape companies began to emerge, thus providing a significant option to the traditional methods of print and person experience. In addition to some straight-forward economics information,

some media producers developed affective type materials that dealt with the way people feel about their work as well as materials that dealt with age, sex, and racial stereotyping in certain occupations. Again the National Vocational Guidance Association assumed responsibility and developed standards for the creation and evaluation of nonprint occupational media.

Expanded Role of Technology. Expanded technology is probably the most visible of the several changes that occurred from 1950-1980. The application of computer technology to occupational information has been the most notable. The most constructive professional work was done by Tiedeman (1979) at Harvard, Harris-Bowlsbey and Rayman (1976) in the Midwest, Katz and Statkin (1980) at Educational Testing Service, and McKinlay (1979) at the University of Oregon. National commercial computerized career information systems are available today on both main-frame micro-computers and mini-computers. Gerstein and Hoover (1967) pioneered an important development using microfiche to deliver occupational-educational information. Just as computers did subsequently, their microfiche system developed nationally under the banner of Vital Information for Education and Work (VIEW). Other creative media contributions have emerged such as career information hotlines, key-sorts, card-sorts, and light tables. Collectively, the new technologies for delivering career information constitutes a major re-direction for the field.

Expanded Role of Career Information. A subtle but pervasive shift toward the use of the term *career* information has occurred rather than occupational, vocational, or educational. The word career has a more all-encompassing, more comprehensive, and more lifespan-oriented meaning. Career does not have the limitations of older notions, and it combines the best of all concepts into a broadly acceptable modern term.

A National Policy for Better Career Information: 1980 and Beyond

Perhaps the separate events described previously would have come together into some type of loose policy confederation without federal assistance, but the process was aided undeniably by federal direction. The U.S. Department of Labor began a program of support for better career information by funding the work of McKinlay in the early 1970s. As a result of the federal grant, the Oregon Career Information System (O-CIS) emerged. A computerized delivery of information was central

to this effort. The Oregon approach was the model for grants provided to states by the U.S. Department of Labor as outlined by Stern (1975). Those states that received these grants in early 1976 were Alabama, Colorado, Massachusetts, Michigan, Minnesota, Ohio, Washington, and Wisconsin. They were selected by the degree to which they promised to establish comprehensive state-wide systems. They were federally funded over a 4-year phased-out period, after which they were expected to be state and locally funded. The state projects as outlined by the U.S. Department of Labor (1978) moved along well.

The grants to the eight states served as the prototype for legislation passed in the Federal Education Amendments of 1976 creating the National Occupation Information Coordinating Committee (NOICC). At the national level, policy formulation is provided by representatives of the Bureau of Labor Statistics, Employment and Training Administration (both from the Department of Labor), Office of Vocational and Adult Education, and the National Center for Educational Statistics (both from the Department of Education). While NOICC has performed an important coordinating federal role, the heart of the new effort is in the State Occupational Information Coordinating Committee (SOICC). State agency heads were obligated to form coordinating committees made up of representatives of the (a) state board of vocational education, (b) state employment security agency, (c) state employment and training council, and (d) the state agency administering the vocational rehabilitation program. In addition to coordinating state agency efforts, the SOICCs are charged with developing two systems:

1. An Occupational Information System (OIS) charged with gathering all the occupational statistics, such as supply and demand data trends and information for educational and industrial planners, legislators, and others.
2. A Career Information Delivery System (CIDS) charged with providing current, accurate, and relevant occupational information to all possible users in a state.

The Educational Amendments of 1976 also authorized the Educational Information Centers (EIC) program. The EIC authorization outlined studies of the status of educational information in each of the states followed by improvements of available information. A new emphasis was placed on all types of information. In most states, the SOICCs and the EICs have blended their efforts to best serve all users in their area. Their role in Virginia, for example, is described as a loose network of uneven services (McDaniels, 1979).

Over the last decade, the national policy for better career information has been defined. States and territories of the U.S. are establishing a solid base of career information for users all over the nation. Even though this is national policy, the action is taking place in the states. For a detailed description of this historic policy direction, see Flanders (1980) or the several documents and manuals made available by NOICC (1985 & 1979).

STATES	MEDIA USED TO DELIVER INFORMATION						NUMBER OF USER SITES
	M	MC	MC+	ns	p	z	
Alabama	M				p		319
Alaska	M		MC+	ns	p		240
American Samoa				ns	p		9
Arizona	M	MC	MC+			z	191
Arkansas			MC+			z	643
Colorado	M		MC+		p		180
Connecticut	M						152
Delaware	M						190
D.C.	M			ns	p		16
Florida	M	MC	MC+		p	z	199
Georgia	M		MC+	ns	p		103
Hawaii	M	MC		ns	p		95
Idaho	M		MC+	ns	p		139
Illinois	M		MC+	ns	p		291
Indiana	M	MC					400
Iowa	M	MC	MC+	ns	p	z	692
Kansas		MC					307
Louisiana	M	MC					101
Maine	M	MC					154
Maryland	M		MC+			z	380
Michigan	M	MC	MC+		p	z	2350
Minnesota		MC	MC+		p		212
Montana	M		MC+	ns	p		70
Nebraska		MC	MC+	ns	p		208
New Jersey	M						116
New Mexico	M	MC					43
North Carolina			MC+		p		299
North Dakota		MC					89
Ohio	M						481
Oklahoma	M		MC+	ns	p		850
Oregon	M	MC	MC+	ns	p		332
Puerto Rico		MC					77
Rhode Island		MC					16
South Carolina	M					z	313
Tennessee		MC	MC+			z	333
Utah	M	MC			p		89
Vermont	M						54
Virginia			MC+		p	z	1138
Washington	M	MC	MC+	ns	p	z	242
Wisconsin	M	MC	MC+		p		577
Wyoming	M		MC+	ns	p		57

KEY FOR MEDIA USED TO DELIVER INFORMATION

- M = Mainframe, time-share or on-line computer system
- MC = microcomputer (Full delivery system)
- MC+ = micro search plus books on microfiche
- ns = needlesort
- p = printed materials
- z = microfiche

Figure 6.1. Statewide, Computer-Based Career Information Delivery Systems.

Source: National Occupational Information Coordinating Committee, *Status of the NOICC/SOICC network*, June 30, 1985. Washington, DC: NOICC Administrative Reports No. 11, Oct. 1985.

ELEMENTS IN A COMPREHENSIVE CAREER INFORMATION SYSTEM

Two key words are in this description, *comprehensive* and *system* which make the events of the 1980s so different from those of the preceding 70 years. Now an opportunity to reach a far wider audience of users with a far wider mix of media in a variety of locations exists—a truly comprehensive effort. What is now possible is that one can put all of these factors together into some type of orderly arrangement—a system. The years ahead will be especially challenging. Some exciting new opportunities will be available that will provide greater service in a much more efficient and effective way.

Four basic foundations in building this comprehensive system are offered.

Foundation 1: Build on a wide ranging multi-media approach

The sophisticated media developed in recent years must all be included in this system, to build a system on one medium alone would be a mistake. We now have a rich pool of resources from which to draw. For example, a computer information approach is not the beginning and the end of a system. Expanded personal experience opportunities and other firsthand means of acquiring information need to be included. Every effort should be made to make part-time, summer, and internship experiences available as a means of learning about an occupation. In the same way a visit to a proprietary school or college for as long as possible, an overnight stay for example, is better than reading about it in a book. In short, all the means outlined in the first part of this chapter should be used in a comprehensive system. Drier (1980) made some useful suggestions on how all of these approaches can be combined into a harmonious unit.

Foundation 2: Build on a wide ranging location of systems

Although school and post secondary institutions have traditionally served as prime locations for career information, a variety of locations for career information must now be considered. Libraries, senior citizens' centers, JTPA programs, employment agencies, correctional units, rehabilitative services offices, women's resource centers, and

others all must be included. In statewide coordinated efforts, an effort must exist to expand agencies large and small in which career information would be useful. Large employers offering career development programs for employees should have a comprehensive career information system available as part of an overall plan.

Many suggestions on proper locations for such a career information system are present. In the *Occupational Outlook Quarterly*, Martin (1980) outlined a clear and concise approach to organizing and using a career resource center in a variety of locations. The center can be a focal point for central one-stop information dissemination. A center can serve as a springboard for innovative approaches, such as a career information as described by Snipes and McDaniels (1982).

Foundation 3: Build on a wide ranging appeal to users

Recent user surveys that have been conducted (McDaniels, Snipes, & Peavy, 1980) indicated that the age group 12 to 22, who are mainly in educational institutions, are already well-served users. Now is the time to reach out to much broader user groups, to all ages, to all reading levels, to all interests, and to all areas of a state or community. The rural or inner-city users must be as well-served as any others. Innovative uses of existing media must be examined. Perhaps some close work with a library or community center to serve certain groups should be made. For some, a mobile career information center will be best. For others, use of newspapers, radio, or television will be the way to reach new user groups. For some learners, posters, charts, or other large visuals will serve best. The user groups who are undeserved such as the handicapped, women, minorities, and rural and inner-city populations, must be adequately reached along with those users already well-served.

Foundation 4: Build on a wide range of sources of career information

The Bureaus of Labor Statistics and Census furnish useful information that is used in national program approaches. State and local information seems much less adequate in providing the same quality and quantity of information. Even though some efforts to bring about improvements at the state level in recent years have been made, much remains to be done in better collection and dissemination of timely, accurate, and understandable state and local labor market and education

information. This is especially true of opportunities in small businesses and entrepreneurial opportunities. Good reasons are present to believe that counselors and others (McDaniels, 1976) are ready to use this better information. Now a system of data collection that is equal to the level of the dissemination system must be developed. For elaborate dissemination systems to function properly, the total occupational information system must be fully functioning. The long-term future of these dissemination systems will rest jointly on the ability of a state to provide creditable information disseminated in a variety of ways, in various accessible locations, to a full range of public users of all ages.

USING CAREER INFORMATION IN COUNSELING

Why do counselors need to be competent with career information is a fair question to ask. The answer to that question is quite simple—because individuals frequently have career development needs for which they are seeking assistance. Individuals will seek help directly from counselors or will be referred by others to counselors for career assistance. Very often this assistance is related to issues of career decision making. In many instances individuals seek more in-depth career assistance due to initial counseling outreach help through programs such as

Career Days,
career displays at shopping centers,
posters offering assistance,
newspaper or radio features, and
large group career orientation sessions.

The need to maintain a systems approach to the various forms of career information needed by others poses a key issue as to where to locate materials. The usual approach is to keep all resources in a central location such as a

Career Information Center (CIC),
Career Resource Center (CRC),
Career Development Center (CDC), or
Career Information Resource Center (CIRC).

This center by any name should be supervised by a professional counselor. In a small center, the counselor also may serve all functions related to the center, such as

acquiring materials,
evaluating materials,
disseminating materials,
promoting materials, and
updating materials.

In a large center a career aid or volunteer may serve in an auxiliary role. The primary purpose of the center is to serve students or counselees. A secondary purpose is to provide assistance to a professional staff of counselors, teachers, caseworkers, and others.

The center also may serve as a community focal point if placed in a library or neighborhood gathering place. In an educational institution, a critical issue is to place the center where students congregate. A portable center also has proved to be useful by moving it around a large school or campus. Wherever the center or centers are located, four important considerations are to be met.

1. Give the center a multimedia approach—use films, film strips, records, tapes, pictures, videotapes, microcomputers, microfiche, and so forth. In short, use all the resources suggested in the first of the chapter.
2. Make it bright and lively—keep the tone attractive and inviting, and use colorful bulletin boards, charts, posters, pictures, and the like.
3. Make it timely and up-to-date—be sure old material (over 3 years old) is discarded and current content is visible.
4. Provide a human touch—emphasize the personal nature of career information, that is person-to-person; through career and college visits and by having ready access to individuals who are willing to provide career assistance.

To start a center refer to some of the career information texts at the end of the chapter. If specific references are needed, the following are suggested:

Jacobsen, T.J. (1972). Career guidance center. *Personnel and Guidance Journal*, 7, 599-604.

Martin, G.M. (1980). Guide to Setting Up a Career Resource Information Center. *Occupational Outlook Quarterly*, 24(1), 12-7.

Marchall, B. (1982). *Career resource centers*. Columbus, OH: Eric Clearinghouse on Adult, Career and Vocational Services.

Meerback, J. (1978). *The career resource center*. New York: Human Science Press.

Individual or Group Counseling

Two types of issues or questions usually arise where career information is concerned. First, simple straightforward questions such as the following:

- Where can I find out about apprenticeships?
- Where can I get financial aid information?
- Where can I find an Army recruiter?
- Where can I find out about how much drafters earn per year?
- Where can I read about robotics techniques?

All of these types of questions should be considered on an individual basis by assisting the person to seek the answers in the state career information delivery system (CIDS)—such as Virginia VIEW or in national and/or state resources. This means, of course, that the counselor is very familiar with the information and can access the answers easily.

The second type of questions contain more complex ones which may call on the counselor to utilize a number of different resources to aid the person's career development over an extended period of time. A considerable amount of self understanding needs to emerge through use of awareness or exploratory experiences as well as some interpretation of testing results. This may be done in a series of individual counseling sessions or it may be better served in a group approach. Some of the complex questions to be faced could be as follows:

- a group of PTA parents who are asking for help in assisting their children's career development;

a group of seniors wanting to learn better job seeking skills—job search, resume writing, interviewing techniques;

an adult who has just lost the job he has held for 10 years;

a housewife who is looking for some career challenges in her life;

a person wanting to learn about career opportunities for retirees;
and

a group of 7th or 8th graders unsure about planning their high school program of study.

In many instances questions, like the preceding, can be explored by either individual or group approaches. The one-to-one counseling can be more effective for some, but it is very labor intensive and time consuming. Other individuals learn better in groups where they can relate to others with similar career development uncertainties. A group approach may be more economical for both counselor and counselee. Some possible group topics could be

exploration of work and leisure interests,
career awareness classes,
adult career transition groups,
resume preparation, and
post-secondary education exploration groups.

Possible Sources

The list of suggestions for means to providing career information is in the first part of this chapter. This list is meant to illustrate the wide-range of possibilities through which individuals can seek and find career information. Counselors need to utilize as many of those resources as possible. In the process of answering some of the questions previously raised, specific resources are needed to establish and maintain a Career Resource Center. If funds are limited, only the primary sources are needed to establish a basic service. If more funds can be procured, then the secondary and other useful sources can be obtained. There are other suggestions which don't necessarily cost anything such as a list of toll free phone numbers and local leisure sources.

SUGGESTED SOURCES FOR A CAREER RESOURCE CENTER

PRIMARY SOURCES—The ones most needed

Brownston, D.M., et al. (1983). *The complete career guide*. New York: Simon and Schuster.

Colgate, C. (Ed.). (1985). *National trade and professional associations of the United States* (20th ed.). Washington, DC: Columbia Books.

The college blue book. (1985). Vols. 1-5 (20th ed.). New York: Macmillan.

Croner, U.H.E. (Ed.). (1985). *American trade schools directory*. Queens Village, NY: Croner Publications.

Hopke, W.E. (Ed.). (1984). *Encyclopedia of careers*. (3 vols. 6th ed.). Chicago, IL: J.G. Ferguson Publishing.

Index of majors (1984-5), (7th ed.). (1984). New York: College Entrance Examination Board.

Kaye, K.R. (Ed.). (1985). *Peterson's annual guide to four year colleges*. (15th ed.). Princeton, NJ: Peterson's Guides.

Kaye, K.R. (Ed.). (1985). *Peterson's annual undergraduate guide to two year colleges*. (15th ed.). Princeton, NJ: Peterson's Guides.

Lovejoy, C.E. (1985). *Lovejoy's college guide* (16th ed.). New York: Simon and Schuster.

Malnig, L.R., & Malnig, A. (1984). *What can I do with a major in . . . ?* (2nd ed.). Ridgefield, NJ: Abbott Press.

Matheson, M. (Ed.). (1985). *The college handbook 1985-86* (23rd ed.). New York: Macmillan.

Negener, K.C., Butt, M.G., & Laity, J. (1985). *Peterson's annual guide to graduate study*. Princeton, NJ: Peterson's Guides.

Parnell, D., & Peltasm, J.W. (Eds.). (1985). *American community technical and junior colleges* (9th ed.). New York: Macmillan Publishing.

U.S. Department of Defense. (1984). *Military career guide, employment and training opportunities in the military (1984)*. Washington, DC: U.S. Department of Defense.

U.S. Department of Labor. (1977). *Dictionary of occupational titles* (4th ed.). Washington, DC: U.S. Government Printing Office.

U.S. Department of Labor. (1986). *Occupational outlook handbook (1986-7)*. Washington, DC: U.S. Government Printing Office.

SECONDARY SOURCES—If more money is available

American Legion Education Program. (1985). *Need a lift?* (34th ed.). Order \$1.00 prepaid from: The American Legion, National Emblem Sales, P.O. Box 1050, Indianapolis, IN 46026. (updated annually)

Cassidy, D.J., & Alvis, M.J. (1984). *The scholarship book* (NSRS). Englewood Cliffs, NJ: Prentice-Hall.

HEP 85 higher education directory. (1985). Washington, DC: Higher Education Publications.

Hulse, L.S. (1984). *1985 internships*. Cincinnati, OH: Writer's Digest Books.

Hunter, J.M. (Ed.). (1986). *The independent study catalogue*. Princeton, NJ: Peterson's Guide.

The Macmillan guide to correspondence study. (1985). New York: Macmillan Publishing.

McDaniels, C. (1976). *Finding your first job*. Hanover, NJ: The Time Share Corp.

McDaniels, C. (1976). *Developing a professional vita or resume*. Garrett Park, MD: Garrett Park Press.

Paying for your education: A guide for adult learners. (1983). New York: College Entrance Examination Board.

The Robert Leider Series on financial aid available from Octameron Associates, Inc., Alexandria, VA.

1. *Don't miss out: The ambitious student's guide to scholarships and loans 1985-85*. (\$2.75)
2. *The As and Bs of academic scholarships 1984-85*. (\$2.75).
3. *College loans from Uncle Sam: The borrower's guide that explains all 1985-87*. (\$1.50).
4. *College loans from Uncle Sam: Am I eligible and for how much? 1984-85*. (\$1.50).
5. *How we do it: Admission procedures at the nation's most competitive colleges 1984*. (\$1.50).
6. *Earn & Learn: Cooperative education opportunities with Uncle Sam 1985-86*. (\$1.50)

The student guide for federal financial aid programs (1984-85). (Free). U.S.G.P.O. 1983-424-513, New Catalog, P.O. Box 3700, Washington, DC 20013 or call (301) 984-4070 or specific questions & applications.

Sullivan, E. (Ed.). (1983). *Guide to external degree programs in the United States*. New York: Macmillan Publishing.

OTHER USEFUL SOURCES—If any funds remain

Anthony, R., & Roi, G. (1984). *Educator's passport to international jobs*. Princeton, NJ: Peterson's Guides.

Bolles, R.N. (1985). *What color is your parachute?* Berkeley, CA: Ten Speed Press.

Edwards, P., & Edwards, S. (1981). *Working from home*. Los Angeles, CA: J.P. Tarcher.

Jackson, J., & Mayleas, D. (1981). *The hidden job market for the 80's*. New York: Times Books.

Krannich, R.L. (1983). *Re-careering in turbulent time*. Manassas, VA: Impact Publications.

Marcon, M., & Worington, M. (1984). *Twelve steps to finding a job under \$30,000 in four weeks*. Englewood Cliffs, NJ: Prentice-Hall.

Moore, D. (1984). *Financial aid officers: What they do to you and for you*. Alexandria, VA: Octameron Associates.

Munschauer, J.L. (1981). *Jobs for English majors and other smart people*. Princeton, NJ: Peterson's Guides.

Scheele, A. (1983). *Making college pay off*. New York: Random House.

Note: All of these materials should be reviewed annually for later editions and/or timely nature of content.

USEFUL LISTS/CHARTS/NUMBERS

Military Service Toll-Free Recruitment Numbers

Navy	800/327-NAVY
Army	800/872-2769
Marines	800/552-9548
Air Force	800/531-5826
Coast Guard	800/424-8883

Charts Available from Garrett Park Press, Garrett Park, MD 20895—sold in sets with topics such as:

1. Top Graduate Schools in 32 Fields
2. Overseas Employment: Myths & Facts
3. College Majors and Corporate America
4. Future of Work

NHSC 1986-87 Directory of Accredited Home Study Schools

National Home Study Council
1601 18th St., N.W.
Washington, DC 20009

Directory of Federal Personnel Offices
Offices of Personnel Management
Washington, DC 20415

Federal Workstudy Loans & Grants
(301) 984-4070
Hours 9:00 AM-5:30 PM

FROM STATE CAPITOL SOURCES

Department of Rehabilitation Services
Local Public Employment Commission Offices
Information and Referral Centers
Approved Private Career Schools
Area Voc-Tech Centers
State Sources of Financial Aid
General Education Development Testing Program

LOCAL SOURCES

Leisure Opportunities
Individual Career Referral
Career Media

156 *Contemporary Counseling: Services, Applications, Issues*

EVALUATION OF CAREER INFORMATION

One of the necessary ingredients in a balanced use of career information in counseling is that of *evaluation*. Expecting a commitment to acquire an adequate set of career information resources is not enough; a commitment to the best organized system of organization which usually is one type of career center, a commitment to having the resources properly utilized in teaching and counseling and a commitment to evaluate the resources regularly also are needed. Fortunately, much of the hard work of evaluation is undertaken by the Career Information Review Service (CIRS) Committee of the National Career Development Association (NCDA). The standards by which the CIRS judges materials has been updated periodically, the most recent in June of 1980 is the *Vocational Guidance Quarterly (VGQ)* entitled "Guidelines for the Preparation and Evaluation of Career Information Literature." In each issue of the VGQ a full review of materials is reported. See for example the June 1985 issue (Vol. 33, No. 4, p. 340-4) for the details of how the committee reports the results of its evaluation. Overall they are concerned with the following:

General Guidelines

1. Accuracy of Information
2. Format
3. Vocabulary
4. Bias and Stereotyping
5. Graphics
6. Dating and Revisions
7. Credits

Content Guidelines

1. Duties and Nature of the Work
2. Work Setting and Conditions
3. Personal Qualifications
4. Social and Psychological Factors
5. Preparation Required
6. Special Requirements
7. Methods of Entering
8. Earnings and Other Benefits
9. Usual Advancement Possibilities
10. Employment Outlook

11. Opportunities for Experience and Exploration
12. Related Occupations
13. Sources of Education and Training
14. Sources of Additional Information

Counselors can get a copy of the standards and maintain their own review and evaluation process on materials not included in the CIRS/NCDA reports. Further, NCDA has a set of standards for non-printed career resources entitled, "Guidelines for Preparation and Evaluation of Non-Print Career Media (NVGA, 1977). These two sets of standards can form the basis for what to keep and what to discard in a local Career Center.

The NCDA standards also can prove useful in assisting others in knowing what content to include in local or state produced material. Frequently, well meaning associations and groups set out to develop print or non-print career materials, but are completely unaware of quality and content standards. Counselors can perform a greater service by promoting the NCDA Standards in the development and production of career print and non-print resources.

The main point in evaluation is to make it a key ingredient in the mix of career information concerns. Counselors need to be familiar with the content of the NCDA Standards and promote their use as a hall-mark of the quality of materials included in their career center. A strong advocacy position by counselors with respect to all aspects of career information is called for by Fredrickson (1982). Part of that advocacy role is to set high goals and objectives for career information. Strong evaluation programs can help to encourage better utilization of career information.

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Gysbers, Norman G. (Ed.). (1984). *Designing careers*. San Francisco, CA: Jossey-Bass. The 70th anniversary volume of the National Vocational Guidance Association joins other outstanding volumes in the series which began with Borow's (Ed.). *Man in a World at*

158 *Contemporary Counseling: Services, Applications, Issues*

Work (1964) and Herr's (Ed.) (1974) *Vocational Guidance and Human Development*. Excellent collection of chapters by a wide range of authors on topics related to career development over the past several decades. This is tops in the field.

Hoppock, Robert (1976). *Occupational information* (4th ed.). New York: McGraw-Hill. For several decades the single most often used text in the field. Strong basic coverage plus many creative and challenging ideas from the author.

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Evelyn R. Kragie

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CAREER DEVELOPMENT

Evelyn R. Kragie, Ed.D.

Career development, although it is not a new concept, has taken on increasingly more importance in a world that is changing and becoming more complex. Social and economic systems, as well as occupations and industry, are changing with these changes having far reaching effects on the way individuals live and work (Gysbers, 1984). Career development affects not only the individual in the world of work, but also in one's leisure activities as well as in the many roles one has in family and community over the life span (Gysbers, 1984; Super, 1980). Although work has a major impact on our lives, it may define our socioeconomic status, where we live, our social life, leisure activities, and even our hopes and aspirations (Weinrach, 1979); but it must be seen in the context of life span development as well (Gysbers & Moore, 1975).

Vocational choice initially was the major focus of career development in its early stages. As the U.S. was changing from an agricultural society to a major industrial nation from the 1870s to the early 1900s, peoples' lives were changing (Herr & Cramer, 1979). The influence of immigrants, the development of the West, farm problems, and increased industry affected the way Americans lived and worked. With World War II

and its aftermath, the U.S. grew into a highly complex industrial nation and precipitated more changes in the American working world. During the 1970s and 1980s dramatic changes began taking place resulting in the U.S. becoming increasingly a service and knowledge oriented society. These changes have had vast implications for career development in the present and will provide new challenges in the future.

DYNAMIC FACTORS INFLUENCING CAREER DEVELOPMENT

During the 1930s, 1940s, and 1950s, vocational guidance was practiced primarily by school counselors and was aimed at young workers seeking employment (Herr & Cramer, 1979). Several factors became increasingly important. One was the interest in individual differences and the developmental nature of the individual. Also influential was the increased use of psychological factors in career development. The Binet-Simon intelligence scale was beginning to be used about the time that Parsons was starting the Vocation Bureau (Ginzberg, 1971). The number of tests that began to be used in education increased significantly over the years. Intelligence tests, interest tests, and achievement tests were all being used to help individuals decide about jobs. This was true not only in the schools, but also increasingly in industry where testing was used for screening, assigning, and promoting workers. In World War II, the Army used testing in a massive way in occupational assignments and in promotions but at the war's end a shift had begun to occur from testing to counseling in vocational guidance (Ginzberg, 1971).

A change away from the directive method, the so-called trait-factor approach, began to take place. Vocational guidance had previously been limited to one point in time in the life of the individual with emphasis on matching aptitudes for performance with requirements of available options. This approach left the individual out of the career planning process. Major emphasis was the requirements of the occupation without concern for individual preferences or values (Herr & Cramer, 1979).

Carl Rogers' use of nondirective techniques as an alternative to the more traditional methods contributed to a new direction in counseling. Rogers stressed the client's responsibility in dealing with problems rather than the counselor solving problems. He emphasized the growth-producing possibilities of clients and contributed significantly to group

counseling which was another major change in guidance (Gibson & Mitchell, 1981).

In 1951, Donald Super recommended revision of the National Vocational Guidance Association's definition of vocational guidance to emphasize the psychological aspect of vocational choice, rather than simply emphasizing the matching of the individual to the job (Herr & Cramer, 1979). With this redefinition, the shift from occupational models to career models began to take place.

Career involves a much broader range than does occupational choice and the new career models began to incorporate a developmental process. The life-span, life-space approach to career development proposed by Super (1980) and the life career development concept of Gysbers & Moore (1984) incorporated this expanded meaning.

Self Concept and Self Esteem

The notion of self concept is an important aspect of career development. Learning about oneself and the world in which one lives is based upon both formal and informal learning. Parents and the milieu in which one lives is critical in this development. As one progresses through school, self concept changes. The home and the school are two major contributors to self concept and self esteem, and they are influential aspects in the relationship of self and work. Identification with models, such as parents and neighbors, as well as playing roles, is a part of a child's development of images of self and what are accepted norms in that culture. Parents' work influences a person's self esteem and evaluation of work. During the adolescent years, peers influence self concept and serve as a reference in addition to parents for future decision making.

Values, Aptitudes, and Interests

Values, aptitudes, and interests are among some the primary factors influencing career development. *Values* are what a person believes in, what one stands for, and what is important in life (Herr & Cramer, 1979). What one values can become a dominant aspect in decision making, but changing values within current society can be a source of conflict during career decision making. Career counseling from the humanistic viewpoint can provide a source of values clarification that is both non-threatening and involves the individual in all stages of learning about

oneself (Gibson & Mitchell, 1981). Values change throughout life and assessment and clarification of values is one of the dynamic processes involved in career development.

Recognition that aptitudes play a major part in career development has been central since the beginning of the career development movement. Numerous testing instruments have been developed over the years to help individuals identify their aptitudes (see Chapter 4).

Aptitudes are not viewed with equal emphasis among career development theorists. Trait-factor theorists use aptitudes as an integral part of the career choice. Super viewed aptitudes as part of the career decision choice to be tested against reality whereas Ginzberg(1971) believed determining one's aptitudes is one of many factors involved in the career process. In career counseling, aptitude tests may be used in identifying potential abilities of which the person is unaware or to make choices among competing alternatives. Gibson and Mitchell (1981) stressed that such tests serve only a potential use. However, one's aptitudes and abilities play a major part in the occupational level that is attained, the training one seeks, and the work that an individual performs. Theorists, such as Roe and Holland, see a relationship between ability and the levels attained in a career field, but other theorists perceive different factors within the person such as values, energy level, and perseverance as being equally important as aptitudes (Herr & Cramer, 1979).

Identification of the role that interests play in career development also has been an important factor in career development. The use of *interest* inventories evolved from studies indicating that people in given occupations appear to have certain common interests that distinguish them from persons in other occupations. Two of the earliest and most popular of the interest inventories were the Kuder Preference Records and the Strong Vocational Interest Scales. Such inventories, as well as the Ohio Vocational Interest Survey (OVIS), can serve as a source of career exploration and provide the individual with new information on vocational alternatives. As a tool in career counseling, such inventories can be a source of information. Individual needs and vocational interests have been identified as being closely related (Herr & Cramer, 1979). Holland developed a typology that linked interests, needs, and personality. Another typology that demonstrated the relationships between needs, occupations, interests, and personality was Reismann's inner-directed and out-directed personality in which interests of these types was found to differ (Herr & Cramer, 1979).

Certain occupations do appear to satisfy specific needs which are related to interests. These relationships have recently been merged in the work of the Strong-Campbell Interest Inventory (SCII). Although the basic rationale is not alike, difference in occupations are similarly identified relative to the interests of the people who occupy them (Campbell & Holland, 1972).

Aspirations and Stereotypes

The aspirations of the individual and stereotypes surrounding occupations also appear to affect career decision-making. Higher status occupations are frequently sought by many young people whose values, abilities, and interests are not compatible with such occupations. Often this incompatibility leads to frustration at many levels of the career decision process. Stereotypes of occupations are a part of the career search process. Television, films, and other media are significant sources of many of the stereotypes which may or may not be accurate. Socialization also affects stereotyping, and women and minorities in particular have been influenced in this way. Honest appraisal of one's aspirations and accurate occupational information are significant factors in successful career decisions. This is a process that may involve many changes over the lifetime.

Change is a constant in career development. Changing environments, economics, and ways that people see themselves in work and lifestyles have a lifespan effect on career development. Counseling for career development is changing to include varied populations. Women, cultural and ethnic minorities, handicapped persons, as well as older individuals have needs that may differ from traditional career development models, and their specific differences in a changing society must be addressed.

In the future, individuals must become more proactive in career self management because of shifts in the opportunity structure (Wilhelm, 1983). With such changes, for counselors to use all types and sources of data available becomes increasingly more important, so individuals can direct and control their own careers within the lifetime developmental process.

Not only are the changes taking place in the work environment, but also in the workers themselves. McDaniels (1984b) spoke of a new breed of workers who are emerging and who play by new rules. He noted that

these nontraditionalist workers, while they may enjoy their work, place more emphasis on leisure as a source of life satisfaction.

More women are working which makes the two income or "dual career" family become more the norm in society. With the increase in life expectancy, career development continues to play an important part in the retirement years.

The advent of a service/knowledge society, the use of robotics, and the increased interrelationship among countries mark changes that are taking place and will continue to take place. All of these changes have impact on the individual's career development. This constant change and reevaluation by individuals make career development a dynamic and ever changing process.

LEGISLATION

Wagner-Peyser Act

The initial entrance of the federal government into vocational guidance activities was the establishment in 1907 of a bureau whose purpose was to help immigrants find work so that there would be more diverse distribution rather than concentration in employment in the New York City area (Isaacson, 1978). In 1933 the Wagner-Peyser Act established a nationwide system of state employment offices, the United States Employment Service (USES). The USES mandate was to develop minimum standards, maintain an inter-state clearance system, and integrate the system within each state into a national system (Isaacson, 1971). Prior to this, vocational information had been organized by academics. By the 1930s, only the federal government could collect and sift the large amount of information on the varied American occupational structure (Ginzberg, 1971). In 1939, the first *Dictionary of Occupational Titles* (DOT) was published. The DOT, along with the *Occupational Outlook Handbook* published in 1949, gave a comprehensiveness to occupational information that previously had not been available.

George-Dean Act

Vocational education during this period had stressed occupational information, and the appraisal of the individual was neglected.

However, the counseling aspect was recognized and gained support from the George-Dean Act of 1938 which provided federal funding for the training and support of vocational counselors (Miller, 1973).

P.L. 85-864

In 1959, with the launching of the first earth satellite by the Soviet Union, Sputnik I, the guidance movement in the United States was profoundly affected (Gibson & Mitchell, 1981). The public perception of the failure of the educational system to supply trained personnel in careers that were seen as vital to national well-being brought about new legislation. This legislation, P.L. 85-864, known as the National Defense Education Act, was passed in 1958. This had great significance for the guidance movement since it acknowledged that a vital link existed between national well-being, personnel needs, and education (Gibson & Mitchell, 1981). Title VII was particularly applicable to vocational education programs with a focus on training highly skilled technicians in occupations requiring scientific knowledge in fields necessary for national defense (Carlson & Williams, 1960).

P.L. 94-482

Career counseling was further supported in 1976 with passage of P.L. 94-482. This act extended and revised the Vocational Education Act of 1963 and its amendments of 1968. This legislation authorized federal grants to states to assist them in extending, improving, and maintaining existing vocational education programs as well as developing new ones. This legislation authorized states to develop and carry out programs of vocational education to overcome sex discrimination and stereotyping and thereby furnish equal educational opportunities to both sexes. It also stipulated that funds must be used in vocational education for disadvantaged, limited English speaking, and handicapped students. While 80% of the funding was to go to the programs themselves, a portion of the grants was expressly stipulated for vocational counseling.

Job Training Partnership Act of 1983

In 1983, the Job Training Partnership Act (JTPA) was enacted. This legislation, the successor to the Comprehensive Employment and Training Act (CETA) which expired in September of 1982, reduced the role of the federal government in the operation of job programs and assumed that state and local people knew best how to deal with unemployment in

their areas (Rist, 1983). JTPA operates through a private industry council (PIC) appointed by the governor to direct program operations. The PIC, in partnership with local government, develops a job training plan to meet the needs of local government and then develops a job training plan to meet the needs of its area. Training for young people and adults was merged under JTPA. The measure of success for these programs is determined by whether those trained obtain permanent jobs in the private sector or not, and if they are no longer on welfare or unemployed.

Early analyses (Tugend, 1985) of JTPA found it falling short of its mandate to aid disadvantaged young people. One of the studies found that those young people, least able to prepare for and begin work, were the poorest served. Older youths with more education and better skills appear to meet JTPA requirements and thus are able to enter available places in the training programs (Tugend, 1985). As Tugend suggested, the dilemma is whether JTPA should serve only the most disadvantaged individuals or also be a manpower training tool.

P.L. 98-524 (The Carl Perkins Vocational Education Act)

In 1984, the Carl D. Perkins Vocational Education Act amended the Vocational Education Act of 1963. Its purpose was to help the States expand, improve, and develop quality vocational education programs to meet the needs of both the existing as well as the future work force. Those individuals who have been inadequately served in the past, such as handicapped, men and women entering nontraditional occupations, adults in need of training and retraining, those who are single parents or homemakers, and those with limited English proficiency would be assured access to quality vocational programs. The act seeks to provide greater cooperation between government agencies and private industry in making the vocational education system more responsive to a changing labor market.

Expansion and development of career counseling service is provided under this act. Counseling programs are to be developed to assist individuals in a number of areas including career assessment and decision making, skill development, and clarification of career goals over the life span. This act undertakes to provide comprehensive services for diverse populations with varying career development needs. Not less than 20% of funds available to a State are to be used for programs designed to

eliminate sex, age, and race bias and stereotyping and for programs accessible to all segments of the population.

THEORIES OF CAREER DEVELOPMENT

Since the inception of the movement related to career choice and career development, varied theories have been advanced to explain how people make their plans and choices. What approach or combination of approaches a counselor uses depends both on the individual client and the counselor's understanding and absorption of theory. Existing theories have been criticized as being limited in scope, having methodological problems, and being difficult to apply (Jepson, 1984). Imperfect though they may be, they are still the most valuable source for career counseling.

This section has divided career theories into five categories: trait-factor theories, personality theories, developmental theories, decision making theories, and social learning theories. As yet, no one theory explains career development totally. Each theory may provide clues and is a useful tool for counselors and clients as they examine this process. At the present time much research is being conducted in the field, but it is still far from being complete. Even those theories currently found to be most useful are incomplete and not well substantiated by research (Seligman, 1980). However, such theories increase our understanding of career development and can point the way to further research.

Trait-Factor

The trait-factor approach had its birth with Frank Parson's publication of *Choosing a Vocation*. This theory, in simplified terms, held that (1) individuals possess different traits, (2) members of every occupation have a unique set of characteristics, and (3) individuals and jobs could be matched through rational decision making (Zaccaria, 1970). This involved a three-step process consisting of studying the individual, providing information on occupations, and then matching the person with the job. This approach dominated vocational guidance until the end of World War II. Some of the influences operating in its favor were the leadership of psychologists such as Thorndike, Hull, and others; the reinforcement from both military and industrial use; and the proliferation of testing instruments (Ginzberg, 1971).

Some people, such as psychologists C.H. Patterson and E.G. Williamson, feared that too much emphasis was being placed on occupational information and not enough on individual differences (Weinrach, 1979). Trait and factor theory was further encouraged by Williamson's view of the individual as being rational and capable of right choices as long as he had adequate information upon which to base his decision. But Weinrach (1979) offered cautions for counselors who rely primarily on the directive method. Some of the issues he suggested are as follows:

1. Because this method assumes collection of data of this match is accurate, are the instruments in use sufficiently sophisticated for such emphasis?
2. Do tests of interest denote vocational interest exclusive of avocational interests?
3. Are we assuming that early interests and values are unchangeable over the life span?
4. Does the trait and factor approach take into consideration other occupational choices over the life span?
5. Are vocational choices totally rational and cognitive without consideration of affective issues?
6. Does every person have an occupational choice open to them, especially in the light of continued unemployment?
7. Does a single right choice exist for everyone or do circumstances enter into choice?
8. Is work inherently satisfying for everyone, or do avocational interests enter more prominently into life satisfaction needs for some people?

Attention to these issues pointed out by Weinrach can provide counselors with some of the limitations associated with trait-factor theory. Some elements make career choices more psychological than logical! The client centered approach of Carl Rogers helped change vocational counseling from complete reliance on testing to personal counseling and from the cognitive aspects to exploration of some of the affective aspects. Research on some of the predictors, criteria, and relationships

used in trait-factor approaches have been reviewed by Herr and Cramer (1979) and offer counselors further insights into how this theory can be used effectively.

Trait-factor approaches describe relationships between variables and choices but fail to explain how these variables develop (Herr & Cramer, 1979). A pragmatic approach remains popular through the use of easily accessible testing materials which aid clients with choices through a minimum of interviews. Many complex factors are involved in the choice process, and this method falls short in predicting success in specific occupations (Herr & Cramer, 1979). The counselor can use this approach to advantage during the latter part of high school or college or with adults who are making vocational changes as a means of helping them get to know themselves. Tests can serve as points of discussion, but care must be taken to use these as tools in career choice and not as absolutes. Trait-factor theory provides assistance for choices that need to be made at specific points in life, providing other factors are not ignored, and this is viewed as a continuing process in career development.

Personality Theories

In personality theory, the individual's personality and intrinsic motivation must be compatible with one's interests, needs, and abilities. Roe (1979) developed a theory of occupational development that took into account the family background of individuals. Her theory grew out of research into the backgrounds of research scientists. She concluded that personality differences exist between scientists in the physical-biological fields and those in the social sciences in the interactions they have with people, and that these personality differences result from child-rearing practice (Osipow, 1973). Early experiences with parents affect the personality which in turn affects vocational choice. Attitudes of the parents are the dominant pattern in the home and are the source of Roe's classification (Roe, 1979). She accords her theoretical divisions to the child's position in the family structure as one of center of attention, as avoided, or as accepted. Emotional concentration on the child may be one of emotional rejection of the child or neglect of the child; and acceptance may either be casual acceptance of the child or loving acceptance with the major breakdown on the warmth or coldness of the family interaction (Roe, 1979).

According to Roe's theory, the early experiences which one undergoes in the family affect the adult vocational choice. The individual

brought up in a rejecting home may reject persons turning to nonpersons in their occupational choice, as well as developing aggressive tendencies toward others. Those from accepting families may have interests in persons or nonpersons but will not be defensive as those from a rejecting environment. Roe translates this into classification of Occupations (Roe, 1979):

Fields	Levels
I. Service	Professional & Managerial (1)
II. Business Contact	Professional & Managerial (2)
III. Organizations	Semiprofessional, Small Business
IV. Technology	Skilled
V. Outdoor	Semiskilled
VI. Science	Unskilled
VII. General Culture	
VIII. Arts & Entertainment	

In this classification, research has supported that those in fields I, II, III, VII, and VIII have more emphasis on persons, and those in fields IV, V, and VI place more emphasis on things. This needs satisfaction theory of career development highlights the importance of the individual's life history with the major emphasis on the early years and devaluation of career information, but its use is limited in career counseling (Seligman, 1980).

Holland identified personality type as the major influence in career choice and development (Herr & Cramer, 1979). Holland's theory is built upon four basic assumptions (Holland, 1973):

1. People in our culture can be organized into six types: realistic, investigative, artistic, social, enterprising, or conventional.
2. Six environments exist which are the same as the six types.
3. People seek environments in which they can make use of their skills, abilities, attitudes, and values.
4. Interaction between personality and environment determines the individual's behavior.

Holland's six types and their relationship to occupations are as follows:

1. *Realistic* prefers manipulating things with tools or hands and prefers to deal with objects rather than people or ideas.
2. *Investigative* prefers to think through problems and work with ideas, words, and symbols in solving them. They may be original and creative, particularly in scientific areas.
3. *Artistic* likes settings in which opportunities exist for self expression and originality.
4. *Social* is concerned with the welfare of others and human problems. Interpersonal skills and working in a group are other characteristics.
5. *Enterprising* is good at thinking up new ways of doing things and of convincing people. Leadership, persuading, and directing others is a mark of this type.
6. *Conventional* prefers activities in which they can use verbal and numerical skills and prefer jobs that are well defined.

People and environments do not fall into just one type but are a combination of types. The instruments developed by Holland, the Vocational Preference Inventory introduced in 1953, and the current Self Directed Search (SDS) revised in 1985, assess these types. The SDS, designed to help individuals explore occupations according to their personality types, can be used by those seeking initial occupational guidance as well as by those experiencing occupational change. According to Holland's theory, having adequate information about self and occupational possibilities for effective choice is critical (Herr & Cramer, 1979). A great deal of research has been generated by Holland's theory. Both the author, as well as his associates in the counseling profession, have substantiated various aspects of this theory in over 100 studies (Tolbert, 1980; Weinrach, 1979).

Personality theories provide the counselor with insight into occupational choice based upon the individual person. In Roe's theory, personal family history is seen as a factor in choice of occupation. Holland's theory provides the counselor with instruments to help the client assess

one's personality type and at the same time explore those congruent occupations which may be most satisfying for that given personality.

Developmental Theory

Developmental theory views career development as a continuous process that extends over the life span. Developing and implementing a self concept is an important part of the process. The work of Ginzberg, Ginsburg, Axelrad, and Herma in 1951, representing combined efforts of an economist, a psychiatrist, a sociologist, and a psychologist, provided early speculation on a theory of occupational development (Tolbert, 1980). They viewed occupational choice as a process affected by values, environment, psychological attributes, and educational opportunities. Originally, this was viewed as an irreversible process but later major changes were made. These changes by Ginzberg included recognition that the process of vocational choice is not limited to young adults but continues throughout the individual's work life (Tolbert, 1980). He also recognized that reality factors such as work opportunities play an important part in this process (Herr & Cramer, 1979).

Super's theory of career development is the most comprehensive and has received the most attention. Super's developmental theory encompasses a life span and life space approach to career development. Formulated in 1953, it offered ten propositions which include the following seven concepts (Herr & Cramer, 1979):

1. Abilities, interests, and personalities differ among individuals who are qualified for a number of occupations.
2. Occupations vary enough to allow for diversity among individuals in a given occupation.
3. People change with time and experience making choice and adjustment a continuous process.
4. This process may be summed up in life stages characterized as growth, exploration, establishment, maintenance, and decline; these stages are further subdivided into an exploratory and an establishment stage.

5. Career patterns are determined by an individual's socioeconomic level, mental ability, personality, and opportunities to which one is exposed.
6. Development can be guided by facilitating maturation of abilities and interests, providing reality testing and self-concept development. Vocational development essentially is the development and implementation of self-concept.
7. Work and life satisfactions are dependent upon the extent an individual finds adequate outlets of abilities, interests, personality traits, and values; they also depend upon establishment in a type of work that the individual considers congenial and appropriate.

Super also proposed a sequence of vocational life stages which he used in the Career Pattern Study, a twenty year longitudinal study begun in 1951. These stages included

1. the growth stage from birth to age 14;
2. the exploration stage, ages 15 to 24;
3. the establishment stage, ages 24 to 44;
4. the maintenance stages, ages 45 to 64; and
5. the decline (currently known as the pensioner) stage, age 65 and beyond.

From the Career Pattern Study and from other research related to it, insights into life stages and their ensuing developmental tasks have been refined (Herr & Cramer, 1979).

Some new developments have made this theory more useful for the counselor. Super extended the rationale and techniques for measuring vocational maturity to include the life span. He also developed a Life Career Rainbow to describe the many aspects of a career throughout the life span and more recently integrated the life stages and career roles with decision points (Super, 1980). *Career*, then, is a combination and sequence of roles that an individual plays during the course of a lifetime. Super identifies nine major roles and four principal theaters in describing the life space of most people over the course of a lifetime. In typical chronological order these roles include (1) child (including son and daughter), (2) student, (3) leisurite, (4) citizen, (5) worker (including Unemployed Worker and Nonworker), (6) spouse, (7) homemaker, (8)

parent, and (9) pensioner. The four major theaters in which these roles are played are home, community, school, and workplace. The Life Career Rainbow helps conceptualize multidimensional careers and commitment to role (Super, 1980).

Super made the distinction that occupation and career are not synonymous by identifying *career* as "a sequence of positions held during the course of a lifetime," whereas "an *occupational career* is the sequence or combination of occupational positions held during the course of a lifetime" (Super, 1980, p. 286). This is an important distinction in career development as conceptualized by Super.

Also, Super recently included decision points in his theory. Decision points occur when one takes on a new role, gives up an old role, or makes a significant change in the nature of an existing role. This can be especially important in counseling adults as they encounter numerous role changes.

The Life Career Rainbow has two major uses. One is that of teaching the concept of life career in which students as well as adults can be shown that a variety of roles constitute a career, and secondly, to help older adolescents and adults analyze their careers to date and project development in the future (Super, 1980).

Super and associates have developed several inventories based on career development theory. The Work Values Inventory and the Career Development Inventory are currently available. In the process of development are the Values Scale and the Role Salience Scale from the Work Importance Study (Super & Nevill, 1982).

Developmental theory is based on the assumption that vocational development occurs throughout life, and different patterns of vocational development exist. It also includes more than just an occupational perspective. Gysbers (1984) defined *developmental theory* as life-career development with a focus on the total person with self development over the life span through integrating roles, settings, and events within a person's life. The person is always in the process of becoming according to developmental theory.

While developmental theory is applicable to students, more importantly, its use with adults makes this a valuable part of career counseling. Its application to women and minorities is also important since many

theories and studies of adult development have neglected these audiences. For the counselor, a need to understand developmental theory and the concept of occupation as being one of many aspects of career development is present. This theory is comprehensive in its view of the individual throughout life development.

Decision-making Theories

Decision-making theories, while not necessarily exclusive of developmental theory, place major emphasis on the decision-making aspect of career development. Tiedeman and O'Hara developed a theory of vocational development based on the process of decision making. This approach views career development process as one of forming a vocational identity through differentiation and integration as work is confronted (Tolbert, 1980). Based on Erikson's stages in development, the goal is one of ego identity for work. In the Tiedeman and O'Hara decision-making process, a series of steps are included that one takes but which are repeated over the life span. The following shows the steps that constitute this model (Herr & Cramer, 1979, p. 96):

I. The Period of Anticipation

- A. Exploration (random and acquisitive activity)
- B. Crystallization (emerging patterns in the form of alternatives and their consequences leading to clarification and comment)
- C. Choice (organizing in preparation for implementation)
- D. Specification (clarification)

II. The Period of Implementation and Adjustment

- A. Induction (person largely responsible)
- B. Integration (satisfaction)

This process involves the individual's self-concept and the expectations of the environment as this decision-making process develops.

From the large amount of research generated to test this model, support is present for the hypothesis that changes occur in vocational self concept as one ages, that clarification of self-concept and an increase in

self-knowledge take place, and that one may be on different steps for different problems (Tolbert, 1980). Tolbert also indicated that these studies support Erikson's theory that resolving developmental crises leads to more suitable vocational choices. Miller-Tiedeman and Tiedeman (1985) continued to improve on this decision-making model, stressing the individual and life career and the idea of constant becoming.

Gelatt's theory of career decision making uses a cyclical process vocational choice which notes the effects of past experiences as well as the relationship of decisions including those that are immediate, intermediate, and distant (Tolbert, 1980). Data and how it is used is central to this model. Information is organized into (1) a predictive system in which possible alternative actions and outcomes and the probability of outcomes are assessed; (2) a value system which views the desirability of outcomes; and (3) a criterion for the evaluation and selection (Tolbert, 1980). This may result either in a final decision or further investigation. This model demonstrates how development is a series of choices. Although the model needs further research, it does emphasize the need for available adequate information in the decision process.

Counselors using career-decision theories can help clients view career development as composed of many factors on which decisions are based and that this is an ongoing process that affects all aspects of life. Adequate information from many sources, not merely vocational, act upon career decision making. A career guidance computer system, the Information System for Vocational Decisions (ISVD) has been based upon career decision theory. Counselors need to be aware of the many facets involved in decision making, that a decision in the vocational area is not an isolated or one time event. Helping clients see decision making as an ongoing life career process will provide both immediate and future career development opportunities.

Social Learning Theory

Social Learning Theory, as formulated by Mitchell, Jones, and Krumboltz, is characterized as a total process and not just some phase of it (Tolbert, 1980). This theory draws on economics, sociology, guidance, and psychology. It incorporates the trait-factor approach, career selection as a developmental process, decision making, and also allows for economical, sociological, and personality variables (Tolbert, 1980).

This theory identifies the interactive influences involved in career development: (1) genetic endowment and special abilities, (2) environmental conditions and events, (3) learning experiences, and (4) task approach skills. *Genetic endowments* are those qualities with which the individual is born. *Environmental conditions* are not necessarily within the control of the individual. These include family experiences, environment, and the number or nature of job opportunities which may in turn be affected by such things as historical events or government policy. Career development involves the effects of genetic and environmental factors on learning experiences, both cognitive and affective. "The theory is designed to explain what learning experiences contribute to the development of career preferences, how cultural context and environment influence these learning experiences and career preferences and how career decision making and other skills are developed" (Charner, 1979). Career development from social learning theory is not simply a matter of environment, culture, and learning experiences, but is a mutual process of social forces as well as individual choice. Career selection is a lifelong process and is shaped by events from infancy to retirement.

Tolbert (1980) has indicated that additional testing and validation of this theory is needed, but it provides hypotheses that fit well into research studies and program evaluation. Counselors using social learning theory need an awareness of changes in society to help clients arrange appropriate sequences of career related experiences and to evaluate the personal consequences of those experiences.

CAREER PLANNING MODELS

The concept of career development has undergone many changes in recent years. No longer are vocational or occupational choices limiting factors. Career development now includes a more comprehensive view of the individual over the life span. Super (1980) has proposed a definition of career development that involves the interaction of many roles in a variety of theaters over the lifetime. His Career Rainbow conceptualized the many aspects of career over the life span. A concept of life-career development was proposed by Gysbers (1984) to differentiate career development from occupation so that career extends to a life perspective in which occupation and work are a part. In this definition, life focuses on the total person; career relates roles, settings, and events that occur over the lifetime; and development indicates the constant process of

becoming that takes place in each individual. "Life career development describes unique people with their own life styles" (Gysbers, 1984, p. 17). The definition of career development has become a much broader term to include the total person with one's lifestyle; education; occupation; leisure activities; social, political, and economic influences; and variety of roles. In 1982, the National Vocational Guidance Association (NVGA) revised its definition of career development as "the total constellation of psychological, sociological, educational, physical, economic, and chance factors that combine to shape the career of any individual over the life span" (Sears, 1982, p. 139).

Career development can be enhanced by career counseling and career education. Career counseling offers assistance to individuals in understanding themselves as to abilities, limitations, and inclinations, helps the client with a better understanding of the environment including the world of work and with learning the decision making process, and with implementing decisions (Salomone & Daughton, 1984).

Career education was popularized in 1971 by Sidney Marland and marked the introduction of a movement at all levels of education—elementary, secondary, and post-secondary (Shertzer & Stone, 1981). The major elements proposed for career education programs consisted of career development, awareness of self, decision making, career planning, and acquiring skills for employment and survival. Four national models of career education were subsequently advanced for the implementation of career education (Herr & Cramer, 1979). Although these models have undergone considerable change, they served as the impetus for further career education models. School-based models, employee-based models, and individual models are of current importance in issues of career development.

Both career counseling and career education can enhance the individual's ability to evaluate oneself realistically (Osipow, 1973). With our changing and more complex society, career counseling and career education can be found in a variety of settings and are becoming increasingly more important for members of our society.

School-based Programs

In the past, career guidance typically has been the purview of the schools, particularly the secondary schools. School based programs are still the major deliverers of career development programs. In recent

years, school programs have undergone changes. Career development theory concepts increasingly form the basis for career development program goals. These include the lifelong process of career development, recognition that self-concept influences career development, evaluation of career decision making, acknowledgement of the interrelatedness of various aspects of human development, and viewing career maturity in developmental stages (Miller, 1984). In addition, federal legislation related to vocational education, career education, and special education has helped the improvement of comprehensive career development programs for school counselors. Emphasis also has been placed on equalization of opportunities and education in order that school-based programs will be more responsive to women, ethnic minorities, and the handicapped. The most recent influence on school-based career development programs has been the introduction and improvement of computer technology. Computer based career information systems have had an effect on career development programs within school systems as seen in Chapter 9.

No one right way or model program will fit every school system; programs must reflect the uniqueness of counselors (Gibson & Mitchell, 1981). As Wrenn (1973) has pointed out, counselors need to understand contemporary youth and their world, need to know how to deal with the knowledge of this world, and need to understand themselves.

Career development is receiving also more attention in post-secondary settings. Most post-secondary institutions are now providing some type of career development, but more needs to be done at this level. One issue creating tension is that of opposing views of the counseling approach to be used. Some approaches view the client as responsible for decision making and developing career alternatives, and the other is the broker approach in which opportunities are arranged for clients (Johnson & Figler, 1984). Utilization of current career development theory can actively combine these approaches so that individual responsibility in life career development within the realities of the job market is better understood.

In the future, as changes occur both in theory of career development as well as in systems of delivery, school-based programs will need constant reevaluation and redesign. School based programs generally offer individuals their first organized approach to career development and can have lasting effects, both positive and negative, upon those touched by them.

Employee-based Programs

Employee-based career development programs are a new concept but are becoming more important in business and industry. In the last decade, career development has emerged as an important component of human resource development in business and industry (Knowdell, 1984). Meeting both organizational requirements as well as the goal of the individual has been emphasized in these programs. Career development programs can be as diverse as the organizations that use them. One model program designed to respond to the interest of both management and the individual is that of the Career Development Diamond (Walz, 1982). This program particularly responds to the need for management involvement. Another model program is the Livermore National Laboratory career planning program (Knowdell, 1984).

Many employee career development programs provide certain elements including such goals as understanding self and life management, understanding the environment, and setting goals and taking action. Components in an employee-based program may include a career center, individual counseling, and career assessment workshops. The individual, managers, and the organization all play a part in employee career development. Stumpf (1984) identified four types of career planning activities within organizations: "individual activities, counselor/client activities, those involving one's boss as counselor or coach, and group activities" (p. 201).

Ultimately the individual must take responsibility for career development, but often in organizations, the individual leaves his/her career to others (Hagberg & Hirsh, 1983). Managers must share in the career development of employees, but this can be a formidable task and managers need to be taught skills to provide career development techniques to help them in their supervisory roles (Knowdell, 1984). Knowdell (1984) identified some typical employees who need and use the services of career development programs: (1) the potential manager, (2) the stagnated professional, (3) the frustrated secretary, (4) the entry-level employee, (5) the high-tech specialist who jumps from one employer to another, (7) the industrially injured worker, and (8) the surplus worker. No single career process fits everyone. Life/career planning is one since the individual's values, goals, and style are affected by as well as affect one's work. With the increase in technology as well as changes in society, organizations can benefit from programs that enhance employee life career development.

Individual-based Programs

School and employee programs basically are controlled by others. In today's changing world what is currently needed is an individual-based program that can help people take control of their lives. The objective of such a program is to help individuals understand the changes taking place in our culture, economy, and career opportunity structure, and to enable people to take charge of managing their own careers (Wilhelm, 1984a). With changes in opportunity, people must become more proactive in career self-management. Not only is the workplace changing, but a new breed of workers who play by new rules are present (McDaniels, 1984). McDaniels identified this group as nontraditional workers who may enjoy their work but are more interested in leisure as a major source of life satisfaction. Through an individual based program, work, leisure, and other roles can be more accurately identified in the life career development process. Wilhelm (1983) suggested that in the past people have been taught to take a passive approach to career development, but in today's world they must be taught ways of becoming qualified and remaining qualified in a constantly changing occupational and economic structure. Courses in career self-management need to be taught at the junior and senior high school levels and be mandatory at the post-secondary level (Wilhelm, 1983). For adults, Gerstein (1982) has proposed an adaptation of a career decision model that can be individualized using a goal oriented approach tailored to each client's needs.

An individual-based program needs to focus on new and future developments that can impact career development theory and practice. Hansen (1983) suggested four things that are needed: (1) career development and career guidance should recognize the need to help create new opportunities such as creating individual careers in response to societal need; (2) people should be taught the best process skills for decision making and to know more about career planning at different life stages since this process occurs over the life span; (3) the program should help people be more comfortable with change including increased awareness of work and family linkages; and (4) the program should help people learn to create opportunity out of crisis for growth towards becoming.

Miller-Tiedeman and Tiedeman (1985) were even more emphatic in the concept of the individual response to career development. They suggested that "being" is more critical than "doing" in the life career process. Life career is distinguished from both life career development and

life planning to emphasize that both an internal and an external process exist and that stressing life planning without empowering life career is equivalent to having a plan without a guide (Miller-Tiedeman & Tiedeman, 1985). They "encourage individuals to subordinate both external life career development and inflexible life planning to an internally known and lived life career process (Miller-Tiedeman & Tiedeman, 1985, p. 19).

School-based and employee-based career development models need constant revision as new data on theory and practice is received. An individual-based model will be an important addition to these models since individual responsibility for life career development is the focus of the future. The counseling profession must not only be aware of constant change but must itself be open to change and help put change into effect.

TRENDS AND ISSUES RELATING TO CAREER DEVELOPMENT

Among some of the current trends and issues in career development is recognition that many diverse populations need career development and that career development for them is also a life process. Populations such as women, minorities, handicapped persons, displaced workers, older persons, and those whose lives have been disrupted through events such as divorce, death of a significant other, or unexpected decline in health have unique career development needs that must be addressed. Programs for this new and changing clientele need attention. Career development is a continuously altering process as individuals with diverse roles and needs constantly strive to become what they are capable of becoming. Other dimensions are covered in Chapter 8.

Women

Separate approaches to career development are needed for women. Stereotyping and socialization both impact on sex roles (Sundal-Hansen, 1984). How a society views roles in education, work, and family affects the career development of women. Although legislation has made it possible for more women to enter occupational fields previously dominated by men, much more needs to be done if sex-role stereotyping is to change in the American workplace.

In a study examining the occupational profile of women in 1980, the working women comprise 59% and the housewives are 41%, thus working women are no longer the exception but the rule (Bartos, 1982). This dramatic rise in the number of women in the workforce is just one of many changes that have occurred. Bartos (1982, p.3) referred to this as "the quiet revolution" and cited David Riesman as referring to the plural—women's movements—as these changes are addressed. Women's self-perception is changing with women yearning for self-identity that goes beyond the family role (Bartos, 1982).

Even though more women are present in the work force, they are still found predominantly in a limited number of occupations, and occupations which in the past have been less financially rewarding than those dominated by men. Part of this has been due to discriminatory practice but part of it has been generated by child-rearing and general stereotyping practice (Herr & Cramer, 1979; Sundal-Hansen, 1984).

Legislation alone cannot change this imbalance. How women in our contemporary society are viewed and view themselves will have impact on the future of career development among women. Documentation that both male and female counselors are consciously or unconsciously sexist can be found (Herr & Cramer, 1979). Bartos (1982) pointed to the number of occupations that become closed to women because of counselors' failure to encourage young women to pursue more mathematics. As women change their views of their roles and their identity in society, the counseling professional must be aware not only of the changes but of the diversity among women.

New studies are needed on the career development of women. If career development among women differs from that of men, more research and theory is needed for the counseling needs of women to be met. "The lack of career information, adult models, and sense of self direction; the influence of parents, family, teachers, counselors, and other socializing agents; and sex-role stereotyping and sex typing of occupations have been documented across cultures" (Sundal-Hansen, 1984, p. 225). Such a system has limited options of women in education and occupation as well as their economic status over the life span. Career counseling programs based on research and theory of career development in women are needed if women are to be assisted in developing their full potential in a variety of roles and in diverse ways. This is an important issue for the future in career development.

Ethnic and Racial Minorities

Just as stereotyping limits women, it also limits opportunities in career development for minorities. Blacks, Hispanics, and other minorities have lacked adequate role models and equal educational opportunities. Television and other media often contribute to negative stereotyping of minorities. Although legislation is providing changes in opportunities both in the workplace and higher education, the career counseling needs of this population must be addressed appropriately. Many minority individuals are economically disadvantaged as well. Miles (1984) suggested that not only must career guidance programs for the disadvantaged focus on change within the individual, but also must focus on system change in which environments are created to help the disadvantaged to grow productively. New approaches are needed to change occupational stereotypes and provide role models so that this clientele can achieve their potential over the life span.

Handicapped Persons

In recent years legislation has required that attention be paid to the career development needs of disabled persons. Stereotypes about career development for handicapped persons has been one problem in the development of programs for this group (Humes & Hohenshil, 1985). As with women and minorities, handicapped persons have unique career development requirements. Humes and Hohenshil (1985) stressed career counseling with the psychosocial aspect of career development as being of major importance in programming for this clientele. "Psychosocial skills may long have been mastered by those who are not handicapped" (Humes & Hohenshil, 1985, p. 34). Since this is an extremely varied population, special care must be taken to address the individual with particular difficulties in career education and career counseling.

Occupationally Displaced

The *displaced worker* has been identified as one who has lost a job and has little chance of returning to that position (ERIC Overview, 1983). Currently the number of displaced workers is large and projected to increase in the short term future. New industrial and technological changes, corporate reorganization, economic downturns, mergers, and takeovers are among some of the many factors contributing to this in-

crease in occupational displacement and involuntary job loss (Knowdell, 1983). At any stage this is a traumatic event and outplacement counseling is a strategy designed to assist those individuals whose career development has been disrupted by job loss (McDaniels & Hesser, 1983). The displaced worker, unlike the typical unemployed American, has had a relatively successful and stable work history, and, since they are not accustomed to being unemployed, they are in need of career planning skills (ERIC Overview, 1983). Some of the needs identified in the ERIC Overview include (1) realization that a new job must be sought, (2) retraining or assistance in relocation may be needed, (3) comprehensive job search assistance and information, and (4) psychological support to deal with the stresses involved in their unfamiliar situation.

Who should provide outplacement counseling is a current issue and is a responsibility that should be shared by both organizations and communities. The following immediate techniques are offered in the ERIC Overview: (1) government agencies can help with funding for training and economic incentives, (2) employers can provide warnings of layoffs and identify other employment opportunities, (3) labor unions can provide support for individuals and resources to aid in the transition, (4) education and retraining can be provided as well as career and psychological counseling, and (5) community agencies can provide needed services.

Outplacement counseling is a component of life career programs (Walz, 1983). Some aspects of such programs are suggested: (1) The probability of career change should be a part of all career planning; (2) major transitions such as promotion, demotion, transfer, and termination need special attention in life career development; (3) outplacement needs to place strong emphasis on personal development and renewal. These unexpected setbacks often have a way of opening new doors that might otherwise remain unknown and ultimately propel individuals toward becoming what they wish to be.

Older Persons and Career Development

Older people represent an increasing proportion of the population with retirement posing problems for society as well as for individuals (Sinick, 1984). Due to increased longevity, more attention has been paid in recent years to the aging process and retirement. Life career development is just that, development over the total life span, and that includes

older persons who are still in the process of becoming. Stereotypes of older individuals and limited opportunities have kept this group from achieving potential during this phase of the life span.

Preretirement planning should be a major part of career development programs for an older population. Retirement planning programs are offered by some organizations but this frequently focuses on an event and consists of identifying the financial benefits of the organization. Research shows that individuals are interested in preretirement programs long before the retirement stage is reached and those programs which focus on all aspects of the later years including leisure, continued work, finances, health, and interpersonal relationships can offer great benefits to individuals at this stage of the life span (Kragie, 1984).

The age at which people retire is diverse and dependent upon factors such as individual health, type of work in which engaged, and how work is perceived in life career development. Some view retirement as an opportunity to change work focus, to participate in more leisure and interpersonal activities, where others view it as unwelcome inactivity. That individuals differ in their approach to this phase of the life span and the need to provide support systems has not been recognized until recently. Preretirement and retirement counseling is a neglected part of career development programs. Organizational as well as community programs need to be developed to provide career development assistance to this rapidly increasing population. A variety of programs would benefit this population. Group activities including spouse participation, materials designed for self help, and videotapes could be included in programs for this clientele. Counselors who provide career development for this population must have knowledge of the normal aging process and have an awareness that this population is extremely diverse. Because the size of this group is expected to increase in coming years, it is time to increase career development awareness and encourage individuals to take greater charge of their lives.

And finally, career development needs during major shifts in life such as divorce, death of a significant other, and major changes in health are now being recognized. The trauma experienced by such losses and the need for counseling has become more apparent in recent years. A steady rise has occurred in the divorce rate over the last fifty years with a trend toward earlier age of divorce (Troll, 1982). This affects not only the individual but other family members as well. Divorced women in particular face serious financial problems increasing their need for career develop-

ment counseling. In the past few years the displaced homemaker has come to national attention. These women, trained primarily as housewives and found in middle or later years with no financial provisions or skills that would lead to jobs, are just beginning to be recognized. Programs for this clientele present another issue for career development professionals.

Widows and widowers also are being recognized as having career development needs that have been unmet in the past. The change in role and the grief accompanying this loss is a major distress for these individuals. The career development needs of these individuals as well as those persons with either declining or sudden loss of health have not received adequate attention.

CONCLUSION

Career development has seen many changes over the years and will continue to experience changes. Research on theory has contributed to changes, and future research will stimulate both theory and practice. Career development is no longer the purview of the school alone but is a part of other institutions as well and will continue to play a significant part in business and industry human resource development. Individual programs are needed to help each person take charge of one's own life career development.

The focus of career development has expanded over the years to include not only work but leisure which may play an increasingly more important role in the lives of many people (McDaniels, 1984b), and the many roles individuals play throughout the life span. Career development professionals must be concerned with program development and counseling for a variety of populations. These include young people in school beginning to plan their life career, women whose careers may follow varying patterns, minorities whose special needs must be addressed, those approaching retirement, those who find their jobs obsolete or lose their jobs, mid-life changers, and the special populations of

the divorced and those experiencing other losses. Career development is a constantly changing entity both for individuals and the counseling profession. How well the challenges of the future are met is a constant issue for the counseling profession.

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- 192 *Contemporary Counseling: Services, Applications, Issues*

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COUNSELING NEEDS OF SPECIAL POPULATIONS

Charles W. Humes, Ed.D.

Who are the special populations? These populations are broader and more diverse than generally considered and are subject to historical trends (Ravitch, 1976). One tends to consider special populations from a personalized point of view. Thus, one may think only of one or two groups such as the handicapped, the culturally diverse, or the economically disadvantaged. The several special populations are all these and many more. *Special populations* are those groups in society where groundrules and standards are set by majority factions. Hence, special populations are minorities. However, be advised that minorities are not necessarily determined by fewer numbers. Some minorities may be greater in numbers, for example, Women in United States or Blacks in South Africa. The common thread that is pervasive in all minority situations is the relative lack of power and influence. This obtains whether the minority is categorized by culture, race, ethnicity, economic disadvantage, religious preference, or life style. Some would describe the special

populations as oppressed (Atkinson, Morten, & Sue, 1979; Vacc & Wittmer, 1980). Others more moderate in outlook would see this as overstated and biased by super-ethnicity, coercive assimilation, or over-identification. Whether one promotes an activist or moderate point of view, without question special populations do require counseling services if they are to negotiate and succeed in a majority environment (Vacc & Wittmer, 1980).

COMMON NEEDS OF SPECIAL POPULATIONS

While the individual differences among special populations may be substantial, a number of common developmental, social, and career needs apply to any minority group and may be amenable to counseling services (Gressard & Hume, 1983). These needs are the by-products of lacks of power and influence. These by-products, in turn, lead to even less power and influence in that the members of the special populations fail to gain position or stature in the majority situation from which conditions can then be modified, rectified, or eliminated. Some of these common needs can be articulated.

Elimination of Stereotypes

The most pervasive of all needs relate to the existence of stereotypes. *Stereotyping* refers to rigid preconceptions which are applied to minority group members over a period of time (Atkinson, Morten, & Sue, 1979). Stereotypes have a way of satisfying majority needs in that they seem to justify a point of view or course of action. A stereotypical picture is easy to acquire. One reads or hears about negative characteristics in any given special population, for example, indolence in Blacks or overt femininity in Gays. A chance encounter with a member of the special population in question that exhibits these characteristics then reinforces the notion. Unfortunately, most members of majority groups have *only* chance encounters with certain special populations, therefore, the chance to learn that any given special population is as diverse as the populations in the mainstream is very difficult. Many minority group members may come to believe the stereotypes and as a result inferior self-esteem develops (Atkinson, Morten, & Sue, 1979). Stereotypes do die hard. Counselors have a challenge to assist in devising ways to reduce or eliminate stereotypes.

In this regard, counselors can work with members of both minority and majority populations. Minority members can be assisted to accept

and utilize positive aspects of their personalities and to de-emphasize negative characteristics, where appropriate, that interfere with functioning in the majority situation; however, the counselor must be alert that such modifications do not intrude on self-identity or self-concept. Majority members can be assisted to learn, whether through counseling or consultative services, that stereotypes do not apply to all members of the minority group. Counselors who work exclusively with special populations often do not have the opportunity to influence directly majority points of view but they sometimes get the chance through outreach or change agent roles.

Need for Role Models

Nothing succeeds like success. Minority group members must be able to identify with representatives from their same group who have been successful. These success figures then become role models. A *role model* is someone to emulate, for such a role model may defy the stereotype. For example, a Black may be a computer expert rather than a basketball player! The role models demonstrate that one can accomplish based on individual ability and motivation and not by preconceived notions about limits of aptitudes. Such role models may, or may not, be hard to find depending on the counselor's persistence and sphere of contacts.

Suitable role models may be used for classroom presentations, shadowing, or publicity. All approaches can be useful but the key ingredient is identification. If the role model is markedly different from the minority group members, either in looks, life style, or language, very little identification will be achieved and even rejection may occur. Minority group members must feel that they have a chance to succeed in the same way. For such to occur a degree of sameness between role model and minority group member must be present. This means that the counselor must be extremely cautious in arranging for such contacts.

Career Opportunities

Career opportunities for minority group members often are more limited than for majority group members. An analysis of career barriers for the handicapped has been summarized (Humes, 1982) and the general principles apply to all minorities. An adaptation of the negative assumptions to all minorities are as follows:

1. Career development for minorities is unsystematic.

2. Career development for minorities does not have any psychological components.
3. Career development is not important for minorities.
4. The minority affiliation overrides other characteristics in determining career behavior.
5. The career options of minority groups are very limited.
6. The career development of minorities is arrested or retarded.
7. The career development of minorities is stressful at all points.

The essence of these negative assumptions is that career options for minority group members are of little consequence. They are not subject to the same career development sequence as those in the majority and had better settle for what they can get. This leads to a permanent underclass status that is perpetuated. Obviously, counselors must work toward ensuring that minority group members have the same career opportunities as those in the mainstream.

Self-fulfillment

According to Abraham Maslow (1954) once basic needs are met, a drive toward degrees of psychological self-fulfillment will occur. This applies to all members of the human species including those who come from minority backgrounds. True, many members of minority populations are struggling for economic survival and may not yet have reached the psychological self-fulfillment stage. However, as educational and career opportunities increase, some minority group members will be ready for this higher stage of functioning. Self-fulfillment, in the sense of feeling that your potential has been approached or you have a chance to utilize your potential, leads to happiness and contentment. As such, individuals so affected are subject to less social dysfunction. Less social dysfunction means that fewer individuals are involved with welfare and judicial systems. Thus, the maladaptive sequelae that majority members deplore can be avoided in a preventive way.

Counselors must be alert to the fact that self-fulfillment for minority group members may not necessarily assume the same form as those in the mainstream. While self-fulfillment may embrace some of the same

dimensions as those from the majority, the attainment may be tempered by cultural, attitudinal, or ability considerations. In this regard one must realize that the range of special populations is broad and that self-fulfillment, as an example, for the culturally different, handicapped, or economically disadvantages may be quite dissimilar.

Self-identity

The search for self-identity is basically the conflict between assimilation and pluralism (Sue, 1983). In the past assimilation was considered desirable because the majority environments were deemed superior. Now that pluralism has stronger support, what has emerged is an argument for the practical or functional assimilation whereas the former argument was based on intrinsic superiority. The functional argument is a powerful one and can be difficult to counter. It has a common sense appeal and is often quoted by the man-in-the-street. As stated by Sue (1983) "How can one argue against the acquisition of functional skills, the development of good predictors, and some degree of 'Americanization'?" (p. 584).

The issue is a sticky one for counselors. In a society where discrimination and prejudice do exist, the minority group member may be coerced into the mainstream only to find that all aspects of mainstream society are not equally open. Obviously, all this places great stress on self-identity. What ties do you maintain to your own group? What are the limits of assimilation? The application of the Minority Identity Development (MID) model (Atkinson, Morten, & Sue, 1979) may prove useful in this resolution. The MID is presented in more detail later in this chapter.

Need for Economic Opportunities

This is perhaps the one area where legislative and judicial actions have had a favorable impact. Economic opportunities have been mandated particularly where federal money is expended. However, to assume that laws, rules, and regulations can change attitudinal barriers would be naive. Affirmative action plans may be required but that does not mean that they are implemented. Tokenism does not necessarily bring opportunity. Opportunity must be followed by desirable outcomes. Too few minority group members have their fair share of economic successes following initial employment.

In approaching economic opportunities, the counselor must make every effort to associate client with situation. An opportunity is simply

that and no more. It is not a guarantee of success. To this extent the counselor must strive to foster success by apprising the client of strengths, weaknesses, and barriers. Tokenism tends to disappear when a job to be done is done well. When counselors are convinced that a client can be successful, an advocate stance may be necessary by one or more counselors to ensure that legislative intents are being met and that true economic opportunity does exist.

Acceptance by Society

This dimension is regulated by the foregoing common needs and is the end product. All minority group members seek acceptance in the larger society while still being accepted for themselves. The ultimate is a truly pluralistic society where all members are treated equally and where no group is considered better than any other group. Such may not be attainable but in recent years such a growth of special populations has occurred that a burgeoning political clout may exist. We only have to see the election of mayors in major cities who have come from minority ranks.

The counselor's role in this scenario is to ensure that clients realize that acceptance by society is often an individual perception and is governed both by the individual and the situational setting. Further, acceptance may be by some segments of society and rejection by others. Bigots and hard-liners always will be in the majority culture, just as cultural encapsulation may be in a minority population.

MAJOR LEGISLATIVE THRUSTS

During the past 15 years a number of federal legislative enactments have impacted minority populations and focused attention on services for specific special populations, for example, the handicapped, aged, women, and economically displaced. Most of the enactments and accompanying regulations had within them the mechanisms for compliance either through funding or penalties. Over the years, the innovative legislative enactments have often changed subsequently either through repeal or replacement. However, the passage of enabling legislation has been one of the steady forces to promote the assimilation and acceptance of minorities. While these thrusts have not brought automatic societal acceptance, they have established guidelines which majority groups have

to follow. In general, federal legislative thrusts have been successful if evaluated over time and are subjected to legitimate research efforts. The following represent examples of current legislation of interest to minority groups.

**The Education Amendments Act of 1972,
P.L. 92-318, Title IX**

This far-reaching piece of legislation guarantees that no one solely on the basis of sex shall be discriminated against or excluded from participation in any education program or activity. The Act forbids sex-biased appraisal and prohibits sex-biased appraisal instruments. Many school programs, both curricular and extra-curricular, have been modified as a result of this law.

**The Rehabilitation Act of 1973, P.L. 93-112,
Sections 503 and 504.**

Not until 1977 were Sections 503 and 504 added to the civil rights law passed originally in 1973. Section 503 requires all employers conducting business with the federal government, under a contract totalling more than \$2,500, to take affirmative action with regard to the recruitment, hiring, advancement, and treatment of qualified handicapped persons. Section 504 contains language that provides that no otherwise qualified handicapped person shall be discriminated against in any federally assisted program. The statute and regulations span all age ranges and interface with other statutes.

**The Developmentally Disabled Assistance and
Bill of Rights Act of 1975, P.L. 94-103.**

A developmental disability is defined as a severe, chronic mental, or physical impairment which is manifested before age 22 and which may require combined sequential care and services which may be lifelong in duration. As such, the conditions which may be covered are, for example, severe forms of mental retardation, autism, cerebral palsy, and epilepsy. Counseling, program coordination, and protective services for disabled adults as well as children are provided by means of the Act. An individual programming requirement in the Act is similar to the Individualized Education Program (IEP).

**The Education for All Handicapped Children
Act of 1975, P.L. 94-142.**

Free, appropriate public education for all handicapped children, ages three to twenty-one are provided as a result of this Act. The Act describes both state and local responsibilities. Topics addressed are nondiscriminatory assessment techniques, parental involvement, IEPs, least restrictive environments, confidentiality of information, and due process procedures. Much of the language in P.L. 94-142 is contained in P.L. 93-112.

Older Americans Act, Amendments of 1981, P.L. 97-115

The purpose of the legislation is to improve the quality of life for the nation's elderly population by authorizing a comprehensive social services program. Within the Act objectives are broad and are intended to enable older people to meet a variety of life needs. The law provides assistance for administration, creation, and delivery of services including counseling. For purposes of this Act, an older individual is one who is at least 60 years of age.

**Job Training Partnership Act of 1982,
P.L. 97-300.**

This act replaced the prior Comprehensive Employment and Training Act (CETA) which had been passed in 1978. The present law addresses the economically disadvantaged who may face barriers to employment such as those with limited English-language proficiency, displaced homemakers, school dropouts, teenage parents, the handicapped, older workers, veterans, native Americans, offenders, alcoholics, and addicts. The law seeks to establish programs to prepare minority youth and unskilled adults for entry into the work force through job training.

DEFINITIONS AND DESCRIPTIONS OF TERMS

If we are to understand adequately the counseling needs of special populations, first we by necessity must have a grasp of terms used so that a common frame of reference can be used. Many of the terms used in the

vernacular are placed in a social context and reflect what people choose to believe rather than related to fact or accepted usage (Atkinson, Morten, & Sue, 1979). These beliefs often reflect myths and stereotypes that have been internalized. While factual material may not necessarily change beliefs, groundwork is present for alteration when attitudinal self-systems permit. The following definitions are generally universally accepted by writers and researchers.

Race—One of the most commonly misused terms in the vernacular is race. When used in a social context it is often pejorative in nature. For example, in a recent newspaper article a reference was made to vandalism on a Jewish home as "racially motivated." Such descriptions, while sometimes meant to be innocuous, tend to separate a given minority group by assigning real or imaginary biological characteristics. The three basic racial types are *Caucasoid*, *Negroid*, and *Mongoloid*. However, various mixtures sometimes cause difficulty in making distinctions. Krogman (1945) defined race as peoples with a definite combination of genetic physical characteristics which, in combination, distinguishes them from other groups of humanity. Such physical characteristics may involve skin color, head and facial features, stature, and texture of body hair. Mixed racial stock poses other problems in terms of racial identification. In predominately white America the usual approach is to assign racial identification on the basis of *any* presence of other racial stock.

Ethnicity—Ethnicity departs from race in that it deals with social and cultural heritage which may encompass such differences as language or language similarities, customs, and religion. Racial factors may be a part of ethnic differences but are not central to them. Some examples of ethnic groups would be Slavs, Hispanics, and Scandinavians. These examples are cited at the risk that members of these groups might challenge such designations.

Culture—Culture is essentially learned behavior which may characterize racial or ethnic subgroups. The elements of a particular society are transmitted through symbols, artifacts, or ethos. In the United States examples of cultures would be WASP, Appalachian, and ghetto/inner-city. Within cultures may emerge subcultures which are often splinter groups and

may, or may not, have enduring qualities. Examples of the latter would be hippies and religious cults.

Minority—As indicated earlier in this chapter the definition by this author is a broad one. The most narrow and perhaps most popular descriptions refer to racial/ethnic or non-white populations. A broader definition must include physically or behaviorally different groups such as older persons, gays, the handicapped, women, prison inmates, drug users, single parents, and so forth. The one common characteristic is that they have been accorded differential and unequal treatment and regard themselves as the recipients of collective discrimination (Wirth, 1945). Minorities usually have fewer numbers but not always so. When minorities represent a majority in numbers, the members often feel distressed and crippled.

Third World—Many minorities come from Third World countries in Africa, South America, and Asia. *First World countries* are capitalist societies and *Second World countries* are socialist societies (Atkinson, Morten, & Sue, 1979). Thus, *Third World countries* are the underdeveloped countries that are not predominately Western (with Japan as a notable exception) or the Communist nations. Because Third World citizens are often non-white, oppressed minority groups in First or Second World nations are sometimes referred to in a political sense as *Third World persons*. As pointed out by Atkinson, Morten, and Sue (1979) this has promoted a sense of comradeship.

Life Style—In recent years a neutral, non-pejorative term has arisen to describe living and habit patterns that may depart from the majority norm. Formerly, those who professed a different life style, albeit contributing members of society, were considered deviant or undesirable. Prime examples of such life styles are gays, non-married couples, and single parents. Those with different life styles are often the victims of subtle but pervasive discrimination.

Any discussion of definitions must deal with the use, misuse, and abuse of such ubiquitous terms as *culturally deprived*, *culturally disadvantaged*, *culturally different*, *culturally diverse*, and *culturally distinct*. Obviously, such designations are imposed by the dominant culture and suggest inferiority. These terms range from degrees of positivism to

degrees of negativism. In most cases the deprivation or disadvantage label really applies to socio-economic factors and not culture. Perhaps the most palatable are the terms culturally diverse and culturally different for these terms connote pluralism and assimilation. The terms are part of our lexicon and will continue to be used but counselors, and others, would be advised to select the appropriate terminology. Such selection should be based on both factual information and the perception of the labeling by the minority group in question. For example, Black Muslims may see themselves as culturally distinct while Asian-Americans may view themselves as culturally different. On the other hand, individuals within subgroups may not accept group norms or designations.

SPECIFIC COUNSELING NEEDS OF SPECIAL POPULATIONS

Some of the common needs of special populations that have counseling implications were discussed in the beginning of this chapter. From these common needs evolve specific counseling needs that may be unique for a given special population. The specific needs may flow from the nature of the delimiting condition, relative acceptance by the majority, self-perception, perceptions by others, and more. Further, counseling needs will either be defined by the counselee, counselor, or both. In dealing with minority populations the traditional intrapsychic model, where problems and needs stem from personal insufficiencies (Atkinson, Morten, & Sue, 1979) may not be solely appropriate. With such populations institutional or societal dysfunctioning also may be held accountable. In this regard Draguns (1976) favors the use of the terms *autoplastic* and *alloplastic* to describe either counselor or client orientations to problems and needs. In an autoplastic orientation, the client must adapt to the setting and structure while in an alloplastic one, the external reality may have to be shaped to accommodate the needs of the client. Thus, needs must be viewed, by counselor and client, as either autoplastic or alloplastic, or a combination of both. Obviously, the dynamics of the counseling relationship must flow from such orientations. While making sweeping generalizations is unwise, apparently special population counseling needs are generally viewed autoplastically both by client and counselor. However, as sensitivity is heightened, probably alloplastic concerns will become more prevalent.

Not all special populations can be surveyed as to specific counseling needs, due to the infinite nature of special populations. In the section that follows, however, an attempt will be made to deal with counseling needs of some of the major special populations.

Handicapped

Since the mid-70s the handicapped have received great legislative and media attention and will be regarded by some as the most visible and demanding special population. Such attention came about as a result of class action suits and federal/state legislation. The initial focus was in schools as a result of the passage of The Education for All Handicapped Children Act, P.L. 94-142. This impetus spread to adult disabled populations and rekindled interest in their plight.

At this point a differentiation among an impairment, disability, and handicap might be useful. Obermann (1965) viewed an *impairment* as the deviation while a *disability* is an objective deficit with a loss of function and a *handicap* is the relationship between the disability and the environment. Thus, an individual may be disabled and not handicapped. In fact, the adult world has many such people. The use of "handicap" in connection with P.L. 94-142 was a fortuitous choice for it suggests that children with mental or physical disabilities are, in fact, handicapped in the school situation which is essentially a captive environment. External situations in adult life may prove less handicapping due to option choice, although accessibility to buildings and lack of broad employment opportunities, may limit such options.

Counselors need to and must examine and appraise their own attitudes when counseling a person with a disability/handicap. Frequently, the counselor will attribute all mental, emotional, and career problems to somatopsychic origins (Vacc & Clifford, 1980). The disabled/handicapped are a heterogeneous group with diverse problems that may have multiple causes. Each disabled/handicapped person is unique just as is every nonhandicapped individual. A focus on the disability or handicap in isolation will betray one's stereotypical attitudes.

Although some of the counseling needs between disabled/handicapped children and adults are similar, differences also relate to age, setting, and career prospects.

Children—This subpopulation has to deal with a sometimes hostile environment that has, as its principal purpose, the mastery of academics. For the disabled/handicapped child, who often has a learning or mental dysfunction, this environment must be conquered. At this point the school environment is one's whole universe. While the counselor can improve the environment through the use of least restrictive environments and the implementation of well-designed, individual plans, also the counselor needs to convey to the counselee that this may appear to be the whole universe but, in fact, the fifty or more postschool years will offer many more environments and options. In summary, while the counselor endeavors to adapt the environment, also a concurrent effort must be made to make the disabled/handicapped client aware of personal options and choices that transcend that setting. A powerful force on the counselor's side is the mandate of P.L. 94-142 which requires the provision of a free, appropriate education for all handicapped children. The counselor is behooved to be an advocate in the enforcement of this statute.

Adults—Older disabled adults, that is age 30 or more probably never experienced the positive effects of comprehensive special education programs or least restrictive environments while in school. As such, they struggled, coped, succumbed, succeeded, or failed. In the process this subpopulation picked up considerable psychological malnourishment which has long since been digested. The counselor will have to deal with negative feelings about self, possible maladaptive behaviors, and a propensity to accept the status quo. This will obtain even though the work place, through P.L. 93-112, must be non-discriminatory. Unfortunately, the latter piece of legislation does not have the enforcement muscle of P.L. 94-142 and its ramifications are not usually tested. Beyond this, the internalization process may long since have precluded desire or interest to pursue confrontation. The counselor must deal with the intrapsychic problems and to encourage the client to do some reality testing to determine whether fears and restrictions are real or imaginary.

Women

Many members of the majority population, in this instance, men, would argue that women are hardly a special population or a minority

group. On the other hand, feminists would argue that women have long since, and currently are, an oppressed group. Women's roles are changing, and in this transition, has emerged the statistical reality that they are discriminated against in the work force in terms of salary, position availability, and advancement (Wolfe, 1980). Such conditions become exacerbated when a further division occurs into subgroups such as returnees to the job market, Blacks, and widows (Tolbert, 1980). However some removal of barriers have come from legislation, women's organizations, and curricular changes in schools. As pointed out earlier, Title IX was a particularly effective vehicle for change. This Act produced changes (where change must first occur) in schools through equal participation in athletics, full exposure to all aspects of the curriculum, and the prohibition of sex-biased counseling.

Women in adult life have often not benefited from changes that have occurred in schools. This is especially true of those women who choose to reenter the work force after years in the home. Their skills are outdated and their age is sometimes perceived as a barrier. In order to deal with such reentry problems, women's centers have been established in many communities to offer counseling services. In these centers women find a supportive emotional climate and assistance in reshaping a career. Although times are changing the social attitudes toward women, many myths still remain. As summarized by Tolbert (1980) some of them are as follows:

Myths	Realities
1. Women belong in the home.	1. Labor-saving devices have freed women for careers outside the home.
2. Women are not bona-fide members of the work force.	2. Half of all women ages 18-25, are in the labor force.
3. Women take more time off due to illness.	3. Little to no difference exists in illness rates between men and women.

4. Women don't have longevity in the labor force

4. Single women work longer than men but the average woman worker has a worklife of 25 years.

5. Married women take jobs that belong to men.

5. Skills and abilities are major determiners of employment rather than sex.

Counselors must be constantly alert to their own attitudes toward these and other myths. Bingham and House (1973) observed more than a decade ago that counselors often carry attitudes that limit women's career development. Title IX has helped modify these attitudes but more must be done. Women do, and will, remain a valuable asset in an increasingly shrinking labor force and this fact must be reinforced by counselors at the school level. Another attitude that has to be challenged at all levels is the prevailing notion, based on male definitions and parameters, that women have more emotional and psychiatric problems (Kaplan, 1983).

However, with emancipation comes a host of other problems of an interpersonal nature. In the marriage arena are the stresses caused (1) by two-career couples, (2) when the wife earns more than the husband, and (3) by the enforced absences of the wife for professional reasons. When marriages fail, such things occur as trials of single parenting, latch-key kids (i.e., children alone at home), and absence of spousal support.

Blacks

When one thinks of minorities, one almost automatically completes the equation with Blacks. In fact, some Blacks regard themselves as the only minority. Historically, certainly a basis for this point of view does exist. Blacks still remain the largest member although by the year 2000 the Hispanics will probably take that distinction. In most areas, whether education or employment, Blacks have the highest hurdles to negotiate. As pointed out by Tolbert (1980), the unemployment rate for young Black males is very high. This has led to crime, substance abuse, and incarceration. Some psychologists and sociologists refer to the young Black male as an endangered species. Interestingly, Black females are more accepted by the majority whites and are accorded more opportunity, and, predictably, achieve more success.

Stereotypes abound with regard to Blacks. Among them are that they are lower in intelligence than whites, that they are not dependable, that they do not like competitive work, and that they are natural athletes. As with all stereotypical attitudes, illustrations can be made to justify points of view but a thorough analysis of the event or situation will usually reveal that it is effect rather than cause. "The history of Black people in the United States has been dismal. It has been filled with oppression, discrimination, and unfair treatment" (McDavis, 1980, p. 158). Societal and institutional constraints are such that a counselor will have difficulty handling a given intrapersonal or interpersonal problem unless some environmental relief can be obtained (Warfield & Marion, 1985).

Counseling Blacks presents a variety of problems, particularly if the counselor is white and middle class. Some evidence exists to suggest that Blacks tend to relate better in a counseling relationship with another Black. Undoubtedly a historical basis does exist for this inasmuch as Black children learn early that they often cannot trust whites (McDavis, 1980). In addition, the Black community has traditionally relied on such significant others as ministers, relatives, and older persons to give advice and counsel. If Blacks are not accustomed to sharing their personal problems with those outside their own community, compounded with a tendency to non-disclose, a formidable barrier is presented to the establishment of a counseling relationship in a traditional setting.

Many of the specific counseling needs of Blacks relate to the internalization of negative self-concepts. In this regard their self-designation as a "minority" often has left them feeling that they are not perceived as equals. What has been sadly missing in the Black community are the lack of role models in nontraditional Black careers, particularly among males. The counselor, whether Black or white, must work hard to identify such role models so that the notion of success in the majority environment is not perceived as illusory. To this extent, a Black counselor may be a means to an end.

Older Persons

Older persons, the aged, and the elderly are often lumped together. As we observed earlier, the U.S. Congress defined older persons as 60 or more through the Older Americans Act. Many people regard the elderly or aged as 75 or more. Regardless of definitions the fact is that during the

two decades from 1980 to 2000, those in the 75 or more age group will increase by a whopping 52% (Riker, 1980). The "graying of America" is a phenomenon that will continue. By the year 2020 the estimate is that one out of every six Americans will be over 65 (Tolbert, 1980). Although their numbers will increase, they will be even more visible as a minority population. What will aggravate the situation in future years, and place them at risk with younger age groups, will be the drain on social security and retirement programs caused by more financial outgo than input on the national level. This will lead to inevitable tensions that will have to be resolved.

As with other minority groups, older persons have their own stereotypes to overcome. Among them are stereotypes of unproductiveness, disengagement, inflexibility, and senility. As pointed out by Riker (1980), most of these stereotypes are sociogenic in origin. The elderly are as diverse as any other population and what occurs in later life is a replay of personality characteristics and experiences that were evident in younger life. A sizable number of the aged, at this point in time, due to the absence of pension plans, live at or below the poverty level. Older women have special problems due to the fact that 50% of women age 65 or older are widowed (Butler, 1975). Many of the elderly poor are widows who are beyond age 75 ("Poverty Rate," 1985).

Counseling with this minority group will take different forms than with other minority populations. A new specialty has emerged, termed gerontological counseling. According to Riker (1980):

Counseling older persons, known as gerontological counseling, is perhaps best identified as helping individuals to overcome losses, to establish new goals in the process of discovering that living is limited in quantity but not quality, and to reach decisions based on the importance of the present as well as the opportunities of the future. (p. 220)

In keeping with this definition, older persons will need information and/or assistance with personal problems. Although older persons have a wealth of knowledge and experience on which to build, information on the aging process often needs to be assimilated in order to approach the resolution of personal concerns. In addition, a counseling strategy is a must to reverse the usual isolation patterns (Cull & Hardy, 1975).

The gerontological counselor must expand his/her knowledge about aging and older persons. Success in the counseling relationship will be directly related to the extent to which emotional needs and physical needs

can be treated holistically. The counselor also must recognize that counseling needs of older persons may be substantial. Riker (1980) estimated that 30% of the age 65 or older group have moderate to substantial needs. Such needs often may be masked by negative counselor attitudes based on ingrained stereotypical preconceptions.

Hispanic-Americans

This minority group represents the fastest growing segment of the culturally different. Hispanics now number 20 million and will be the most numerous culturally different minority by year 2000. Although typically of Mexican, Puerto Rican, or Cuban ancestry, the recent upheavals in Central and South America have produced an increase in refugees from these other lands. Hispanics are by no means universally distributed across the United States. They tend to live in areas which have been traditional entry points, that is, Mexican-Americans in the southwest, Cuban-Americans in Florida, and Puerto Ricans in New York and other parts of the northeast. Accordingly, not all parts of American society have had an opportunity to interface with this rapidly expanding minority population (Avila & Avila, 1980).

Hispanic-Americans are one of the most insulated and isolated of the culturally different groups. Bound together by language, religion, strong family ties, and economic disadvantage, they tend to resist assimilation by the dominant anglo culture (Tolbert, 1980). Hispanics sense their inferiority status in the English dominated institutions and resist by encapsulation. They rank second only to the Blacks in terms of overt and gross discriminatory practices. Stereotypical notions are legion with regard to penchants for emotion-based violence, avoidance of work, and slovenly living habits. Again, stereotypes are usually based on contacts with poorly educated representatives from extreme rural or urban settings (Ruiz & Padilla, 1977).

Counselors who are in a helping role with Hispanics must learn something about their unique cultural differences and how their ethos may be diametrically opposed to the Anglo ethic (Brammer, 1978). Work, competition, motivation for success, and so forth are usually not central to the Hispanic experience (with some exceptions related to traditions of the country of origin) but cooperation, zest for living, gregariousness, and family life may be. Due to cultural traditions counselors should be (1) directive, (2) deal with one problem at a time,

and (3) de-emphasize psychodynamic formulation. A helpful procedure may be to have the assistance of a bilingual counselor for facilitation.

Single Parents

Statistics support the fact that single-parent families (sometimes referred to as one-parent families), whether they are headed by females or males, are now a noticeable segment of our special populations. In addition, recent social trends and legal rulings predict an even greater growth in this type of family unit. Counselors need to recognize these dramatic forces and provide support and assistance to such families where necessary.

Traditionally, a normal, average, or typical family has been the happy, fully-functioning nuclear family and consisted of two parents and their carefree but caring offspring(s). However, this typical family no longer exists in the numbers of decades past. According to the 1980 census about five million families are maintained by a woman who is either separated, divorced, widowed, or never married (Scannel, 1983). However, as pointed out by Logan (1980) if we assume that the actual number of single parents is greater than those who maintain households, then the count would double. The number of fathers obtaining custody of their children has increased over the past decade. Nationwide the 1980 census reveals that approximately 800,000 households with children under age 18 are headed by men (Scannel, 1983). The genesis of this trend is economic but in the process has the advantage of affording the female ex-spouse more freedom and flexibility.

Although single-parent families originate in many ways, the vast majority derive from death of a spouse or divorce. As such, profound effects are generated by the loss on the remaining parent. More than the widow, a divorcee suffers a debilitating blow from the circumstances of the divorce. The counselor in working with the divorced female parent will typically see a client who has experienced a severe disruption of the basic support system especially where she has no identity beyond the family unit. In addition to counseling, the counselor must rely heavily on referrals to agencies which can (1) assist in basic survival needs, (2) develop career competencies, (3) enhance social availability and contacts, and (4) facilitate total parenting skills.

Women in marriage have tended to assume responsibility for the emotional development of the children (Green, 1981) but the male does

seem to have the capabilities of carrying out all the components of homemaking and parenting (Smith & Smith, 1981). However, the greatest role strain for males seems to be the synchronization of all family members and activities. Although a family breakup is often initiated by the male, the counselor must not minimize the emotional effects of a divorce or separation on the father. A male's reaction to divorce may be manifested in aggressive, self-destructive behavior (Zeiss, Zeiss, & Johnson, 1980). For both parties the counselor must focus on intrapersonal attitudes and values clarification to assist in the usual movement into another relationship. Statistically a divorce is only a brief respite between a reconstituted family unit, however, for a given client this may not be true.

A number of universal problems exist that a counselor must recognize in practically all single-parent situations. Single parents initially face negative attitudes from relatives and friends. In addition, they often encounter difficulties in securing housing, credit, and insurance (Logan, 1980). On a personal level unmet needs may be in the areas of personal worth, affection, approval, sexual fulfillment, relaxation, and entertainment. Counselors can help single parents cope with such painful situations and feelings, gain new perspectives on the recent traumatic event, and promote a reorganization of their lives.

MINORITY IDENTITY DEVELOPMENT (MID) MODEL

The Minority Identity Development (MID) model formulated by Atkinson, Morten, and Sue (1979) can be extremely useful to counselors. The essence of the MID is that attitudes and behavior of minorities are not fixed characteristics but are relative to the ongoing process of identity development. The model draws heavily on earlier attempts to define Black identity transformation. Although the MID has been focused primarily on the culturally different, a suggestion by the formulators was that it also could be used with "women, gays, the aged, the handicapped and other oppressed groups (Atkinson, Morten, & Sue, 1979, p. 193).

The MID is predicated on the assumption that all minorities follow a predictable sequence in dealing with majority influences. A five-stage model has been proposed and a summary is presented in Table 8.1.

In order to understand the grid delineated in Table 8.1, a brief description of each of the stages is summarized as follows:

Stage One—Conformity

During this stage minority individuals are influenced exclusively by the values and ideas of the dominant group. A total identification is with the mores of the majority.

Stage Two—Dissonance

In this transition stage confusion and conflict exist. The client is caught between the previously accepted values and an emerging identity.

Stage Three—Resistance and Immersion

This critical stage is where one becomes separatist in thinking and where an uncritical acceptance of the minority situation exists.

Stage Four—Introspection

This is another transition stage where the minority individual feels some discomfort with unquestioned acceptance and endorsement of every part of the minority experience.

Stage Five—Articulation and Awareness

At this highest level of self-understanding the minority individual feels comfortable with minority values and achievements. One can now examine the dominant system to determine what aspects can be accepted.

These stages actually represent a continuous process and the exact delineation of a given stage may be difficult to ascertain in some clients. Although this model is readily seen to be of value with culturally different groups, its usefulness is less apparent with those from other minority persuasions. One does not need a cultural or language difference to progress through these five stages. For example, it can be utilized with the handicapped. In Table 8.2 we see an application to the specific learning disabled (SLD).

TABLE 8.1

A MINORITY IDENTITY DEVELOPMENT (MID) MODEL

Donald R. Atkinson, George Morten, and Derald W. Sue, *Counseling American Minorities*. Dubuque, IA: William C. Brown, p. 198.

STAGES OF MINORITY DEVELOPMENT MODEL	ATTITUDE TOWARD SELF	ATTITUDE TOWARD OTHERS OF THE SAME MINORITY
Stage 1-- Conformity	self- depreciating	group- depreciating
Stage 2-- Conformity	conflict be- tween self- depreciating and appreciating	conflict be- tween group- depreciating and group- appreciating
Stage 3-- Resistance and Immersion	self- appreciating	group appreciating
Stage 4-- Introspection	concern with basis of self- appreciation	concern with nature of unquivocal appreciation
Stage 5-- Synergetic Articulation and Awareness	self- appreciating	group appreciating

ATTITUDES TOWARD OTHERS OF DIFFERENT MINORITY	ATTITUDES TOWARD DOMINANT GROUP
discriminatory	group- appreciating
conflict be- tween dominant held views of minority hierarchy and feelings of shared experience	conflict be- tween group appreciating and group- depreciating
conflict be- tween feelings of empathy for other minority experiences and feelings of culturo-centrism	group- depreciating
concern with ethnocentric basis for judging others	concern with the basis of group depreciation
group- appreciating	selective appreciation

TABLE 8.2

Application of MID to Specific Learning Disabilities

Stages of Minority Development Model	Attitudes Toward Self	Attitude Toward Others of Same Minority
STAGE 1 CONFORMITY	1. Refers to self publicly in derogatory terms, e.g., SPED, stupid, dumb	1. Avoids relationships with other LD students--sneaks in-out of class to avoid identification.
STAGE 2 DISSONANCE	1. Still refers to self in derogatory fashion, but begins to see areas of worth as evidenced by some academic success--beginning of interpersonal relationships.	1. Still wish to be part of "normal" population, but forming of relationships with other LD students begins to lessen negative effects of identification as LD.
STAGE 3 RESISTANCE AND IMMERSION	1. Begins to find place among LD students. 2. Measures worth in terms of own relationships with other LD students.	1. Most social relationships revolve around group identification with LD students. 2. Relationships go beyond school day.
STAGE 4 INTROSPECTION	1. Period of wondering and ambivalence regarding place among LD students and perception of self in the school.	1. Begins to look more closely at relationships within LD students. 2. Begins to abandon some unproductive relationships based solely on factor of LD.
STAGE 5 ARTICULATION AND AWARENESS	1. Begins to view self more universally as a member of the school with LD identification being one subgroup.	1. Still has feelings of identification with LD group, but begins to view group objectively, identifying positive and negative aspects.

Attitude Toward Others of Different Minorities	Attitudes Toward Dominant Group
1. Resents retarded students, and views work-study students with disdain as "Super-Speds."	1. Resents "normal" students, but wishes strongly to be a part of the mainstream.
1. Begin to notice differences in abilities of LD Resource, LD self-contained, and the retarded. Able to assess position with some students being "better or worse." 2. Some feelings of compassion for work-study.	1. Begins to experience less need to be a part of mainstream. 2. Resentment remains but less vehement due to beginnings of identification with others in LD.
1. Exhibits feelings of compassion for some retarded students, but feels that one has to deal with them so let the others take care of themselves.	1. Begins to develop a "who needs them" attitude. 2. Feels alienated from normal students and avoids contact of more than minor nature.
1. Period of ambivalence. 2. Unsure of feelings about retarded students. 3. Begins to view people individually.	1. While still harboring negative feelings, the LD student may be drawn into positive relationships through classes or activities. 2. Begins to question opinions held above.
1. Understands the position of minority group members. 2. Begins to accept people based on individual characteristics, not group affiliation.	1. Able to view individual people based on other qualities than group membership. 2. Judges people independent of group prejudice.

The MID has significant implications for counseling. Initially, the counselor is behooved to recognize the stage at which the counselee functions and to proceed from that perspective. The MID can serve as a blueprint but by no means does it imply that every client must advance through these five stages. In some instances the client may not have the capacity to do so; in other cases, letting the client remain at a certain level may be advantageous for purposes of mental health. A fully functioning client, in consideration of autoplasic and alloplastic considerations, will eventually move to a Stage Five level.

COUNSELOR STRATEGIES

In previous parts of this chapter frequent references have been made to client needs and specific counselor intervention techniques. However, some global counselor strategies are applicable generally over the broad spectrum of special populations. Some are traditional and others are nontraditional. According to Belkin (1984) the primary barrier to effective counseling with culturally different groups is the traditional role of the counselor. Obviously, adaptations in techniques and methods must meet the unique needs of each clientele served (Atkinson, Morten, & Sue, 1979).

1. **Counseling**—Counseling can be productive whether individual or group in nature. Individual counseling should be directive, didactic, and problem-oriented. Usually, the minority individual, of whatever special population, has pressing situational problems that demand resolution. Some indications are that group counseling can be particularly effective for it draws on the common experiences of the minority group. Corey (1983) feels that group procedures can be of particular assistance to the elderly and Logan (1980) describes application to single parents. A similar case can be made for other minority groups where isolation is an issue. However, with certain culturally different groups it might not be appropriate due to constraints on revelations before others.
2. **Consultation**—Counselors can function in many different ways as a consultant but one of the most clever ways is to design a peer counseling program (Atkinson, Morten, & Sue,

1979). Minority peers are both role models and facilitators. The counselor will want to get involved in the training of peer counselors (Tindall & Gray, 1985).

3. **Outreach**—A counselor who works with a minority constituency must be prepared to leave the office and venture out into the client's environment. An exposure to the client's domain will enable the counselor to have an appreciation of the situational factors that the client faces. Obviously, such a strategy also reinforces the ingredients of trust and availability.
4. **Ombudsmun**—The counselor who is in an outreach role will inevitably have to face the reality of advocacy. The ombudsmun, an European (word) import, represents the client against inequities in the "system." This may be as simple as representing an inarticulate client or as complicated as being an environmental change agent.
5. **Indigenous Facilitator**—Counseling services must tap the indigenous support system that is available to every minority group. This is related to the development of peer counseling but is much more. Certain culturally different groups, for example, have often resorted to nontraditional mental health practices. Other minority groups will have access to associations or services that are designed explicitly to meet the needs of a given group.

Counseling services for special populations then extends far beyond the confines of the counselor's office. Effective counseling services are attempts to use whatever is available to assist the client. With no other constituency is flexibility such a *sine qua non*.

SUMMARY AND CONCLUSIONS

The several special populations, broadly defined, have a number of common general counseling needs including elimination of stereotypes, need for role models, career opportunities, self-fulfillment, self-identity, need for economic opportunities, and acceptance by society. These needs have been abetted by the enactment of federal legislation. One of the

problems with regard to the counseling of special populations concerns definitions and descriptions of terms, for example, race, ethnicity, culture, and minority status. The various special populations have specific needs which exceed the common needs previously mentioned. Special populations are almost infinite in number, but some of the more commonly discussed ones are the handicapped, women, Blacks, older persons, Hispanics, and single parents. The application of the Minority Identity Development (MID) Model gives promise of being a useful tool for intervention with minorities. Counselor strategies must go beyond traditional counseling approaches. Some of the nontraditional strategies are consultation, outreach, and use of indigenous support systems.

Counseling services for special populations obviously are a vital ingredient to pluralistic assimilation. The many special populations must have an opportunity to take their place in society. This inevitable phenomenon will occur despite the protestations and barriers imposed by majority factions. The necessary counseling services are not dissimilar to those afforded mainstream populations but a need for flexibility and adaptation exists. The counselor must understand the specific special population that requires services. The application of techniques will flow naturally from an appreciation of both the counselee's autoplasic and alloplastic needs. Sections and topics treated in other parts of this book apply to special populations to a greater or lesser degree. The astute counselor will examine them closely and select those elements that are applicable and timely.

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CHAPTER 9

COMPUTER APPLICATIONS IN COUNSELING

Lee J. Richmond, Ph.D.

The importance of the computer to the counselor is unquestioned. It is a flexible source of information, a communications device, and a management tool. It can assist in scheduling, interviewing, testing, career guidance, instruction, and therapy, including biofeedback. The evidence is increasing to support that it can be programmed to actually do counseling. Simulations of real life situations can be played out on it as games, so that people can instantly see the effects of behaviors. In some counselor education programs it is used not only for assessment, research, and training, but it is used also experimentally to explore people's reactions to what they learn about themselves.

History credits Frank Parsons with founding guidance and counseling; it will credit the computer with revolutionizing the field. Intriguingly, Parsons created a new practical use of social sciences during an age of machines, and a machine, the computer, created and continues to create

new horizons for humankind during an age of transformation. The space program gave impetus to the new technology. The same technology that has permitted us to penetrate the universe's origins and find our future in the planets and stars, now allows us to explore ourselves with amazing accuracy and rapidity. Counseling utilizes the new technology in the areas of awareness, to bring to consciousness our thoughts, our feelings, and our behaviors.

To the public at large, computers are ubiquitous; they have become an integral part of our lives. They are in our schools, banks, offices, airports, and theaters. Vital to commerce and communication, they have served to revolutionize both. As tools that we have designed, they have modified our behavior. They have challenged our intelligence to the degree that no one questions their importance. They have simplified our lives, and at the same time have given birth to a technology so complex that we stand in awe of the machines we have made. Furthermore, computer technology is advancing so rapidly that "generations" of hardware are measured in years or even months, rather than decades. Presently, one can purchase in a local store for less than one thousand dollars a microcomputer that produces more computational power than a ten million dollar living room-sized computer could have produced twenty-five years ago. As the hardware to do complex tasks becomes both smaller and cheaper, the tasks themselves magnify and diversify.

COMPUTER DRIVEN REVOLUTION

We are living in the midst of a computer driven revolution commonly called the *Information Revolution*, or the *Information Age*. The very nature of revolutions bring about profound psychological and social changes. These changes are never unilateral; they occur on many levels. For example, the internal combustion engine, which drove the Industrial Revolution, resulted in the automobile, which led to an increased ability for all of us to travel long distances easily and quickly. It also contributed heavily to the development of suburbia, the rise of shopping centers and supermarkets. Conversely, it led to the decay of inner cities and the decline of neighborhood businesses. It was a major contributor to the prominence of the oil industry that ultimately had ramifications in foreign policy and international relations. Furthermore, it also created types of domestic industry that resulted in the increased isolation of the

nuclear family (Lepper, 1985). Vocational guidance and social work both emerged as a result of the industrial era.

The shift from the automobile-driven industrial age to the computer driven information age was early noted by leaders in the guidance field (Wrenn, 1962; Samler, 1968; Tiedeman, 1968; Super, 1970). Able to foresee some of the potential of computers for guidance, but unable to foresee the technology that would render them inexpensive, Wrenn (1962) wrote in his landmark book *The Counselor in the Changing World*, "Electronic computers will be increasingly a part of every school system and they need to be used twenty-four hours a day to justify the cost. The counselor of the future needs to know how to utilize the speed and accuracy of the computer to secure information that is needed in carrying out his counseling function in the school" (p. 184). Clearly, Wrenn was concerned about the information processing capacity of computers, and he early encouraged counselors to "study the programming of computers in order to develop programs for [their] informational needs" (p. 184).

Samler (1968) saw the computer's use in assessment and general information storage, as did Super (1970) who saw its occupational information storage-retrieval capacity as a major career guidance tool. David Tiedeman, an early experimenter with interactive systems, foresaw the computer as counselor (1968). Later Tiedeman (1983) saw the true purpose of guidance as to make what is essential to life readily available with practical ease. He argued that computers can be programmed to assist increasing numbers of people to states of awareness of how they are aware. In this regard, the computer has the potential of aiding humankind in the exploration of inner space just as it persistently aids us in the exploration of outer space. The hardware is available. What is needed are the language and the software systems so that computers can be used prospectively with learners so as to make the inner world of self seeable and have the effect of offering learners lives of informed freedom (Tiedeman, 1983).

SOFTWARE

Although we have not yet developed the software to help us travel through inner space, we have just about everything else. Software packages are available for office management, course scheduling, test

administering, scoring and interpretation, and college and career information. Other packages assist in educational and occupational guidance, provide instruction, provide mental health and developmental counseling in both the client centered and behavioral mode, conduct research, and write reports and papers (Eckstrom & Johnson 1984). Software packages also are available for student services, including admission, orientation, registration, and financial aid. Furthermore, computer software is currently carrying counseling and guidance functions to the public. In a recent issue of *PACE*, the inflight magazine of Piedmont Airlines, is an article by Talmy (1985) on using computer software for maintaining a competitive edge. The article ends by telling the presumably tired but successful businessperson that one can get rid of headaches and stress with a very inexpensive hardware-software system that is a complete biofeedback stress reduction system. A headband that you can wear will sense your stress state. A computer interprets it. Relaxation exercises, including music, the sound of waves and birds, are administered to you, and as you relax through the exercises, you continue to get biofeedback from the computer. The system, called RELAX, costs under \$140.00.

With the media directly conveying information about available psychoeducational software to the public-at-large, the counseling profession cannot afford ignorance. Perhaps we don't need to write programs as Wrenn earlier suggested (though simplified authoring systems make this a real option), but we do need to know what is out there and evaluate its quality and usefulness. Furthermore, we ought to have a great deal to say about what will be needed in the way of software for the future of our profession.

According to Walz (1984) the computer is a creation of unparalleled significance. Of themselves, computers can do nothing, but programmed they can do wonderful things. The trick is in knowing what programs do what things; another trick is also in buying the hardware that is most compatible with the software that is selected.

Two types of software are needed. The primary type, systems software, is essential to the computer so that it can perform its operations. The disk operating system (DOS) enables the computer to run programs. The second type of software are called applications software. This software is designed to perform a specific job such as yield college and/or career information, tender games that teach cooperation, or offer statistical analysis. Largely applications programs are the ones with which the guidance community is concerned.

IDENTIFYING AND EVALUATING SOFTWARE FOR COUNSELING

Recognizing the need to assist the counseling profession in the aforementioned areas and in the area of ethics as related to computer use, the American Association for Counseling and Development (AACD) in 1983 established a Committee on Technology, which would as part of its charge, identify and evaluate and catalogue existing software in the counseling and guidance field. The AACD committee also was commissioned to liaison with divisional and interdivisional committees of the organization under the AACD umbrella. Although the AACD Board of Directors has not yet taken concrete action on the Technology Committee's recommendation for a software directory, a determination has been made that the National Career Development Association (NCDA) and the Association for Counselor Education and Supervision (ACES) will work jointly with the AACD Technology Committee to provide a national program for evaluating guidance software. Also since 1983 many special issues of AACD journals have appeared on the subject of computers. They are the October, 1983 issue of *Elementary School Guidance and Counseling* (Rotter, Robinson, & Wilson, 1983), the November, 1984 issue of the *Journal of Counseling and Development* (Goodyear, Eckstrom, & Johnson, 1984), and the December 1984 issue of *Counselor Education & Supervision* (Bradley, 1984). Furthermore, the Division of Counseling Psychology (Div. 17) of the American Psychological Association (APA) has published a special issue called *Computer Assisted Counseling* (Whitely & Resnikoff, 1983). These four journals contain state of the art literature about the use of computers in guidance.

In addition to these publications, numerous other publications are devoted to cataloging and reviewing hardware and software. Of particular note are the following:

1. A Review and Evaluation of Microcomputer Software for Guidance, Counseling & Placement—1985, by Rich Feller and Greg Knoll, contains a microcomputer program providing evaluation of seventy-five pieces of software and an accompanying hard copy evaluation. The software is grouped into eight categories. Title, price, description, vendor and hardware compatibility are listed. The review costs \$15.00 and can be purchased through GCP Software Reviews, Room 227 Humanities Building, Colorado State University, Fort Collins, Colorado 80523.

2. *Microcomputers and the School Counselor* by Cynthia Johnson (Ed.). This is a monograph commissioned by ASCA. In addition to reviews of software and programs written by practicing school counselors, this publication contains a history of microcomputers and a discussion of hardware. It can be ordered at a cost of \$13.95 from ASCA/AACD, 5999 Stevenson Avenue, Alexandria, Virginia 22304.
3. Software clearing house for student services, a small informal software exchange for educators. For more information contact Cynthia Johnson, CAPS, University of Maryland, College Park, Maryland.
4. The Software Cleaninghouse for Student Development of the American College Personnel Association (ACPA).

By now it should be obvious that many companies sell computers and software. Included are IBM, Apple, Atari, Commodore, and Radio Shack. All of these companies and many more have catalogues of their software, not all of which is compatible with the hardware of other vendors. What is important for buyers to remember is that of themselves "smart boxes," or computers, are incredibly stupid. They can do nothing until they are told, and then, only what they are told. Of themselves, they are neither user friendly nor unfriendly. Counselors and guidance workers, therefore, should know what they want to do with their computers before buying them. The choice of hardware is dependent on purpose, and on the compatibility of the software one wishes to utilize. Often more than one machine is compatible. Versatility and display characteristics should then be considered.

NUTS AND BOLTS OF HARDWARE

Three basic kinds of computers exist: micros, minis, and mainframes. *Mainframe computers* are the most powerful. They are the largest and most expensive of the computers, and they can do the most work in the least amount of time. Mainframe computers presently have very large memories; they can manipulate enormous amounts of data and can perform multiple tasks simultaneously. Computers of this sort used to occupy the space of many rooms in a building. Modern technology has reduced them to the size of several filing cabinets. Huge

amounts of space would be required to store on paper those data that mainframes store electronically.

Like mainframes, *mini computers* are able to perform many tasks simultaneously. However, they are not able to handle the amounts of data that mainframes can handle, and are therefore smaller and more economical. Minis are generally used for tasks requiring less memory and less storage than are required for mainframes.

Microcomputers are the computers that have revolutionized the industry. Desk size or smaller, these computers are in offices and in homes; in fact, they are found just about everywhere. Microcomputers generally do one task at a time. They are more limited in memory and storage capacity than either of the other types of computers. However, they are inexpensive and peripherals, such as additional disk drives, add to their power and memory. Most widely utilized CAI (computer assisted instruction) programs and CAG (computer assisted guidance) programs are applications programs written for microcomputers.

Whatever their size and capacity, computers process information in similar ways, and to do this they have common parts. The smallest unit of information a computer can take in is called a *bit*. *Binary digits* taking on the value of one or zero (*bits*) are combined to represent characters (*bytes*). The number of bits that a computer utilizes to make a byte varies from machine to machine. A computer "*word*" is the number of bits that can be processed at one time. These words are processed by the central processing unit of the computer. The central processing unit of the computer, the computer's "*brain*," coordinates the arithmetical-logic activities of the computer. It interacts with *Random Access Memory* (RAM) to allow transfer of data when the computer is turned on. The *Read Only Memory* (ROM) of the computer is permanent and it stores the programs or commands that the machine uses. The central processing unit cannot write data into ROM as it can into RAM.

The input and output devices of the computer are a keyboard and a viewing screen. The *keyboard*, similar to the typewriter keyboard but with more keys, allows the user to "*talk*" to the machine by entering data and giving it instructions. A *viewing screen* allows the operator to see the actual work.

Data is stored on magnetic tape or the more efficient magnetic disk or drums. Disks may be either hard (aluminum coated with a magnetic

recording surface), or floppy. The *floppy disk* is so called because it is plastic and pliable. Disk drives are used to read data from hard or floppy disks and also to record data on them.

Frequently, computers contain another output device called a *printer*. Printers produce *hard*, or paper, copies of the user's information. The printer's use is only for *output* information. There are many kinds of printers, and quality and price vary. Like computers, printers should be selected for the job they are to do. Simple *dot matrix printers* achieve speeds of over 100 alphabetical letters per second and are generally acceptable for printing test scores, simple read outs from college or occupational information programs, or general inter-office work. For important letters or manuscripts of very high quality, daisy-wheel printers are preferable.

CAPABILITIES OF COMPUTERS AND PEOPLE

The limitation of the microcomputer is that it is presently dedicated to one task at a time and cannot perform multiple procedures simultaneously. However, sixteen bit technology is replacing eight bit technology in the marketplace, and each year memory densities are doubling and quadrupling. At the same time, an average of two new language systems originate each year. The estimate by computer scientists at the Applied Physics Laboratories at The Johns Hopkins University is that by the year 2010 desk sized personal computers will have equivalent capacities to today's mainframe.

At present, peripherals expand the power and versatility of our micros. Additional *disk drives* add to the computer's power; the use of a *modem* gives a computer the capacity to communicate with other computers by means of telephone lines. *Video disk technology* affords optical storage of information which can be viewed on a VCR (video cathode ray tube). *Audio recording devices* give personal computers speech command operation, and *voice synthesizers* afford the machines verbal output. All of this technology is presently on the market.

Today the technology exists (though the software is incomplete) for a person doing a computerized college search to tell the computer by voice that one would like to visually explore whatever schools the computer has "matched" by means of the college guidance program which that person has just completed. The computer will execute the command

by activating an interactive video disk, producing an audio-visual display on the VCR. The reviewer, after seeing and hearing about several colleges on the video-recorder and matching college offerings to personal options, is enabled to make informed decisions about college visitations, saving dollars and time over a more random method. Because microcomputers can be addressed through speech, or through eyeblinks or breath, as well as fingering a keyboard, the technology now exists for a cerebral palsied adolescent with serious motor and voice impairment to address a group of people in perfectly clear language if one is able to systematically manipulate any part of the body. Computer output can be rendered in voice, printed text, interactive video-disk display, or any combination of these modalities.

Presently the trend in software development is for integrated software packages. The software of the future will be produced by publishing companies with the largest publishers being the largest producers. Practitioners will have the opportunity, the responsibility to tell publishers what is wanted and needed in the area of computer-assisted guidance, just as in the past the profession has communicated its needs for printed texts. In order to do this, we must ask ourselves three questions: Why do we want to use it? What is it going to do? How will it benefit the people it will serve? In fact, these three questions should be asked by the user prior to the purchase of any computer software or hardware.

As previously stated, computers can store and retrieve massive amounts of information. They can be programmed to help people process information, store or interpret information. They can handle associated devices from printers to audio and recorders, and they can do all of this cost effectively. Furthermore, they can do the most tiresome tasks without boredom, and the most demanding calculations without fatigue.

However "smart," computers are machines. Counselors and guidance personnel are not technologists, nor do they have to be. They do, however, need to have access to technologists in case of problems, but also for planning purposes. In order to best utilize the computer's capabilities to the maximum, organizations utilizing computers should staff accordingly. Computer literacy, including basic acquaintance with the machine, is essential for counselors using them. This requires in-service for current professionals and pre-service training for the professionals of the immediate future. Presumably, future generations of

counselors will grow up computer literate; for them, technology will simply be, as it is now, a part of the culture.

POSITIVE EFFECTS OF COMPUTER USE IN COUNSELING AND GUIDANCE

According to Sampson (1984), the ultimate aim of any computer application in counseling and guidance is to assist clients in meeting their needs. Over the past 15 years, a large amount of research has been done to assess whether computer applications actually do this. Presently, computer-assisted career guidance (CACG) software accounts for more than half of the software in the guidance domain. *Guidance Information System (GIS)*, *System of Interactive Guidance Information (SIGI)*, *Career Information System (CIS)*, and *DISCOVER* are examples of CACG.

In general, reviews of literature on CACG are positive. Clients report positive reactions to CACG experiences. These experiences seemingly expand clients' knowledge of self and the world of work, help clients become more specific about plans in the career and educational domain, increase client confidence in their decision-making capabilities, and motivate persons toward seeking assistance in career planning through use of additional resources (Sampson, 1984). However, Clyde (1979) criticized the CACG research on the basis that author established questionnaires lack validity, and Cairo (1983) questioned the emphasis CACG research places on user satisfaction as an outcome measure. Suggested topics for future research are comparisons within existing CACG Systems (Cairo, 1983), and more frequent use of longitudinal studies (Clyde, 1979).

Computer Assisted Testing and Assessment (CATA) also has been frequently researched. Again, the findings are positive. CATA appears to reduce clerical tasks related to assessment, reduce error rates, and improve efficiency in administration and scoring.

Clients report seemingly positive experiences with CATA (Sampson, 1983). However, controversy has occurred concerning the matter of computer-generated interpretive reports. As early as 1959, Arnoff (1960)

addressed the American Psychological Association and described "the endless regurgitation of a monster machine" as an "Orwellian nightmare" (p. 123). At the same meeting, Holtzman (1960) declared that the clinician has "a definite edge over the computer, at least until much more research has been undertaken" (p. 122). In the ensuing years, research has demonstrated that in terms of reliability and validity the computer is equal or superior to the clinician in interpretation (Sampson, 1983). Furthermore, the computer eliminates sources of bias due to the examiner.

Computer Assisted Personal Counseling (CAPC) is more rare than CACG or CATA and therefore less researched. A few CAPC programs are on the market. *ELIZA* (Weizenbaum, 1965) is an early generic program that accommodates language conversation. From it, a program called *DOCTOR* was developed, offering client-centered responses to client statements. It did this by converting first person "I" phrases (e.g., I feel) to second person "You" phrases (e.g. You feel) and by interspersing appropriate probes such as "Tell me more about . . . What would it mean to you . . ."

In addition to client-centered *DOCTOR*, a cognitive behavioral counseling program called *MORTON* (Selmi et al., 1982) is available. It is based on Beck's (1976) cognitive methods. Colby et al. (1966) developed a psychoanalytic program that can do what a therapist can do in the first one or two sessions, but it can go no further. Wagman and Kerber (1978) developed *PLATO DCS* which helps clients resolve dilemmas. Issues related to Computer Assisted Personal Counseling are highly complex, controversial and not readily researched, although self-report and observational data indicate that people enjoy using these programs. CAPC is clearly an area for future development and research.

The bottom line is that the computer appears to be a motivating force in the counseling and guidance area, and a tool that leads to further and deeper exploration. The computer programmed to respond empathetically, never does otherwise. Furthermore, it offers total anonymity and objectivity. In using computers, counselors need to know what computers can do and what counselors need to do in preparing to use them. The chart in Table 9.1 summarizes this information.

TABLE 9.1
RELATIONSHIPS BETWEEN COMPUTERS AND COUNSELORS

COMPUTERS CAN:	COUNSELORS NEED TO:
Store, analyze and retrieve personal information	Determine data needed and how to collect them
Improve record keeping and ease of retrieval of information	Analyze software in terms of limitations
Assist in development of decision making skills	Provide appropriate input
Assist in time management	Articulate software needs
Help provide a better understanding of professional needs and problems	Make information accessible to special needs students
Update data bases efficiently	Work with career development software producers
Help organize information we already have	Find creative uses in counseling
Increase efficiency	Define/refine ethical/legal issues
Increase client services	Be creative in planning for use
Organize information and give back to counselor	Evaluate software
Handle large amounts of data	Define specific needs
Keep organization/management informed (record keeping/time analysis)	Learn what they can do
Organize data	Pre-plan and prepare precise questions
Provide an interactive counseling system that counselor and client can use together	Network
Consolidate paperwork	Provide computer inservice for staff and support staff
Improve case management (tracking)	Become better users
Standardize records/services	Contribute to software development

Generated by participants at the ERIC/CAPS Computer Enhanced Counseling Workshop, Ann Arbor, Michigan, June 1985. (Printed with permission)

EXAMPLES OF EXISTING SOFTWARE

Pioneer in the *Computer Assisted Career Guidance* (CACG) field, Joann Harris-Bowlsbey (1983, 1984, 1985) believed that the primary purpose of a computer-based career guidance or information system is to assist and support an individual in decision making. She has developed a "planful model," a synthesis of several rational models of decision making which portrays decision making as a process rather than an event. She defines the process in six discrete steps: (1) become aware of the need to decide, (2) learn about self (interest, abilities, skills, values), (3) identify or create alternatives, (4) collect data about alternatives, (5) narrow options and make choices, and (6) implement choice (Harris-Bowlsbey, 1985).

For optimal outcomes, each step requires the acquisition and processing of data (facts about options). Once one becomes aware of the need to decide, the computer can assist. To learn about self, an "interactive dialogue" computer data file (through on-line simulators) can yield information (the internalization of data) about interests, abilities, or skills. To create alternatives, the computer can search large files and "match" them to individual interests, values, and abilities. From its vast storehouse of educational and occupational data, the computer can yield information about alternatives. According to Harris-Bowlsbey, it can also pull together the kind of data that will help the user apply a "personal formula" for narrowing alternatives.

Harris-Bowlsbey differentiates between career information systems (CIS) and career guidance systems (CGS). Information systems utilize the computer to search large files and provide detailed information from them. Information about the self is not included in these files, and information about the world of work and/or education lacks a formula for decision making. Conversely, career guidance systems devote major attention to self exploration and supply a process for making decisions. Harris-Bowlsbey's own system DISCOVER, in addition to information and interaction, has the capability to simulate experiences in occupational interests, abilities, and values clarification. The system also offers on-line administration of tests and offers interpretation of them. It has a built-in process for making educational and occupational decisions. DISCOVER, initially designed for young people, now has a companion in DISCOVER II, an especially designed computerized career guidance

system for adults in transition. Like DISCOVER, DISCOVER II is produced and marketed by American College Testing (ACT).

Another major computer assisted guidance system is SIGI, originally developed for college-age students (Katz & Shatkin, 1983). SIGI puts great emphasis on values and allows users to play a values game. The game confronts students with dilemmas based on ten occupational values to which they have previously assigned weights. As they weight and reweight values, students progress through a learning experience that helps them understand the basis for choices.

According to Katz and Shatkin (1983),

SIGI provides an explicit algorithm for evaluating occupations . . . In the Strategy section, occupations can be compared in two major ways: overall desirability and probability of success at gaining entry. In effect components of client's values, occupational information, prediction of success in preparatory education are brought together. Clients examine options in the light of rewards and risks and they learn and apply decision rules to make informed and rational choices. (p. 18)

SIGI is marketed by Educational Testing Service (ETS). Like DISCOVER, SIGI also has an adult version, SIGI +. Both are available in microcomputer versions, and both are complete CAG systems, and are exemplary of many other systems currently on the market, such as CHOICES, COIN, GIS, CVIS, ECES, and CIS.

Each state in the United States has its own *Career Information and Delivery System (CIDS)*. These systems generally load state educational and occupational information on systems such as those mentioned above. No single system is in use nationally, and states vary as to whether and to what degree their CIDS incorporate guidance components along with information components.

In addition to CAG systems, many programs on diskette constitute components of the guidance process, but in effect accomplish discrete tasks. A vast array of career guidance material ranges from job readiness assessment to job hunting strategies. An example of the former is *Job Readiness Attitude Assessment*, available for the Apple II and the Apple IIe. It shows users their chances for job success by means of a score based on an assessment of attitudes. Also available for the same com-

puter is a program called *Filling Out Job Applications* which takes learners step-by-step through that process. *Successful Job Hunting* teaches learners how to "sell" themselves through proper dress, proper behavior, and good impression tactics. Again, these programs are but samples of many computer program options in the career domain.

In the area of self exploration, Atari offers *Personality Profiles*, Apple offers *Who Am I* and a plethora of other programs. The WAIS-R interpretation program is available on Radio Shack TRS-80 I and III, and also available are the 16PF/CL Clinical Interpretation and the MMPI.

Furthermore, self-awareness programs are in the areas of assertiveness, stress management, and learning styles. A program called *The Dream Machine* (available for Apple) helps individuals evaluate their dreams. The list continues to grow. What is important is the role of the counselor vis-a-vis self exploration and values clarification programs. A component of that role is to help students process information gleaned about self—particularly if there is negative connotation to any of it.

Persons develop patterns of behavior and affect through cognitive processes that involve selective attention and symbolic coding. Adaptive behaviors can be taught and maladaptive behaviors can be altered by arranging learning experiences that will change cognitions and affect behavior. Microcomputers can change cognitions through (1) developmental programming in life skills, in areas such as problem solving and appropriate assertiveness, and (2) life theme training, such as values and life transition training, which involves preparing people for necessary and/or desired change. Software of varying quality for persons of various ages currently exists in all of these areas. More is needed. In these personal-social-developmental counseling guidance areas, software provides *Computer Assisted Instruction (CAI)*. By carefully pacing new information and varying the informational context, the computer can increase understanding and retention of concepts. The capacity for individualizing and branching can result in seemingly errorless learning, most of which is highly motivated and can be great fun. Sharing can be "taught" in dyads where two people play a computer game in which the accomplishment of the goal by either rests on the cooperation of both. Such games can be made as challenging as the games played in arcades where most involve destruction or violence. The computer's potential in the psycho-social-development domain is barely tapped. With interactive video disks, enormous potential is available to provide sequentially

arranged experiences that profoundly affect learning, and may in time actually alter the nature of the learner as well as the learning experience.

In the area of administrative systems and programs, the microcomputer shines. It can alleviate much of the drudgery of record keeping, in that updating is easily accomplished and storage is efficient. Furthermore, records are easily accessed. Alpert et al. (1985) gave information about software storage systems such as *PFS: File*, *PFS: Report*, and *Quickfile*. They also discussed specific software programs such as the *Counselor Accountability System* and *Listhandler*, which assist the counselor by providing systematic procedures for storing information in such a way that it is quickly classifiable, accessible, and retrievable.

Programs are available to score counselor-made tests, as well as standardized tests, and word processing programs assist with resumés, reference letters, and applications for jobs or colleges and can automatically produce them. Also programs can track and file what was sent to whom for whom. Coupled with scheduling and financial packages, the software discussed allows for an automated guidance office, yielding time savings and freedom for counselors to provide direct service.

At present, however, many counselors are unaware of the potential of technology and some are afraid. Although computer applications are on the market that will facilitate staff development, these are not maximally used at present by counselor educators and supervisors. Few of us facilitate communication within faculties and between institutions by electronic mail, or plan budgets on electronic spread sheets. Reardon et al. (1984) listed those colleges and universities that use computer applications for student services and found interesting and innovative programs in admissions, orientation, registration, housing, financial aid, student activities and advising, as well as in the areas previously discussed in this chapter.

Student personnel preparation programs must begin to offer courses in the area of computer applications, as must counselor education programs. Johnson and Eckstrom (1984) called for professional standards for preparation, as well as for the quality of software content. More clearinghouses for software information are needed. Last, ethical standards must be adapted for computer use that are in line with confidentiality and other ethical practice statements of AACD and APA. The areas of record keeping and storage of emotionally laden data are particularly vulnerable.

IMPORTANCE OF THE COMPUTER FOR THE HANDICAPPED

If the computer affords motivation to the masses, to the handicapped it offers hope. Used prosthetically, the computer offers both mobility and environmental control in home, school, and community. Through the computer, with its information services and resources, the handicapped individual can explore and interact with the world (Humes & Richmond, 1985). For the handicapped, computers are used as information sources, instructional delivery tools, as self management and interpersonal management tools, as a communication device and a physical aid. Without question technology can help the handicapped compensate for developmental lags caused by handicapping conditions (Demyan & Schiffman, 1985).

Two assumptions are made in approaching the notion of using the new technology with the handicapped. First, whatever applies and is relevant to general education is equally so for the education of persons with special needs. Second, services to the handicapped are here to stay (Humes & Richmond, 1985). Public Law 94-142 (The Education for All Handicapped Children Act) mandated quality education for children and youth with special needs and assured them of a place within the educational system in the least restricted environment. Many benefactors of that law are currently graduating from high school and asking for the same consideration from the workplace that was received in school.

Individualized Education Programs (IEP's), in many cases, were a major breakthrough in individualizing instruction for the handicapped. The same parents who clamored for education for their handicapped children, now clamor for jobs to the degree that vocational education, special education, and guidance are wed on the National Policy Agenda through the Perkin's Act. For special needs youth and adults, computerized career information and guidance systems should be made accessible to the handicapped, and should be updated to list special college programs and career opportunities as they open to them. The computer also can be used in assessing capabilities of the disabled. Blind to social bias, it does not discriminate on factors other than performance.

The computer has virtually married counseling services and special education, not merely in the counseling and guidance areas and computer assisted IEP's, but in the area of prosthetics. For example, a low

cost TRS-80 computer can replace a teletypewriter and be used as a portable telecommunication system for the deaf by storing, transmitting, and receiving messages via the telephone. Furthermore, any controlled movement that can activate a switch can make it possible for users of a computer communication assister to have their thoughts written on a screen or spoken by means of a voice synthesizer (Humes & Richmond, 1985). These presently existing devices, created by laypersons, are examples of the winning entries in The Johns Hopkins First National Search on Personal Computing to Aid the Handicapped.

These and other devices that can help one think, speak one's thoughts, regulate life support systems, clean one's house, cook one's food, and be one's arms and eyes, have important implications for counseling services because they can, in fact, bring the world of the nonhandicapped to the handicapped and thus enable the handicapped to function in the world despite their disabilities. This has been impossible in previous generations, and it poses social problems as well as human joys. For instance, more of the computer abled disabled will want equal access to jobs as well as education. Computer activated special needs clients may provide a new role for conscience activated counselors to perform in the social arena as change agents.

For the handicapped, as for all of us, the carrot of the new technology is increased personal freedom. As an information source, an instructional delivery tool, a management tool, a communication device, and a physical aid technology, including the use of artificial intelligence and robotics, it will help the handicapped circumvent disabilities and/or compensate for the developmental lags caused by the handicapping conditions. Computers, along with other electromechanical technologies, can be the springboard to more full integration into the society of tomorrow for today's disabled.

FUTURISTIC PERSPECTIVES FOR COMPUTER APPLICATIONS IN COUNSELING SERVICES

Just as *Computer Assisted Instruction (CAI)* is influencing how teachers teach and learners learn, *Computer Assisted Guidance (CAG)* and *Computer Assisted Counseling (CAC)* will influence how people understand themselves, their world, and their behavior toward others in their world. Tiedeman (1983) aptly described the computer as more than

a flexible filing cabinet, insofar as people can be guided to relating to flexibly filed facts of guided living with expectation that they can know life. Tiedeman saw the computer as a help toward personal empowerment and informed freedom. To do this, it is essential that the flexible files of computers promote and facilitate growth (Tiedeman, 1983).

Much of this growth and learning will occur outside of the schoolhouse as we know it today. The modern school of the 1980s is a product of the industrial age, not the information age. This is true even of schools that contain the most modern technology. Our large school buildings with multiple classrooms are a product of a factory society. The assumption that the schoolhouse is the best place for a wise and learned person to impart information to the young or less educated has never been proven and is now an anachronism.

Human socialization requires that we meet and discuss what we think and feel about who we are, what we know, what we want to do and how we want to do it. However, in the next century when the power of a mainframe will be personally available to us all, a central learning place will be hardly necessary for the acquisition of facts. Facts will be available at all times and in all places. Computer produced and managed learning experiences will have much to offer people of all ages who presumably will gather with mentors and peers to discuss the excitement of discovery. Gellatt (1984) described the counselor as the person who can help individuals and groups process learning for individual and social benefit.

Computer Assisted Career Guidance (CACG) will consist not only of voice activated interactive video disk systems in the home where one can "tune into" colleges or occupations anywhere. What is mind-boggling at present is that college and career will both be changed by new era technology. Possibly college will be the computer-video-telephone of the future, and "classes" may occur anywhere in the universe and by various means so long as people can gather information and ideas or interact with one another across time and space. In such a society, the word "career" has presently undreamed of implications.

This chapter has not discussed such topics as robotics and artificial intelligence. Both of these are here to assist humans in their understanding and management of self and world, and self in world. Both can be used to free humankind to explore the new and sometimes mystifying, but certainly wondrous, worlds of inner and outer space.

The electromechanical technology of the new age has profound implications for the future of the profession of counseling, guidance, and human development. This has been recognized by the profession. In 1983, the American Association of Counselor Educators and Supervisors (ACES) held a Flagship Conference, aptly at EPCOT, where there was an attempt to envision the counselor of the future, a humanistic high touch individual, mentoring humans and human values and pursuits in a high tech society.

Without doubt the technology is ahead of us, and we as a profession must scurry to catch up to its potential—to harness its promise for human development, for guidance, and for good. Also without doubt the potential threat of technology is enormous, and unless harnessed for good, we can destroy ourselves and our planet. The challenge of this technology is not only to learn it, but to master it for the good of all humankind on spaceship Earth. This is no small task. It requires our present and future best in the familiar areas of self and interpersonal management skills. More, it requires understanding and love of self, of others, and of universe. The challenge calls for a mature profession. The counselor of tomorrow will not merely use the computer to manage data, but to master both for human well being.

CONCLUSIONS

What has been presented has been the state of the art. However, recognition is made of serious questions regarding the use of computers. Human services agencies and schools are often slower than businesses to jump into automated technologies. One reason for this is inertia, another is financial. Boards of education sometimes drag their feet in the allocation of funds for computer hardware and software. They list problems that fall into the areas of usage and of ethics. Problems of use are as follows:

1. We often don't know what to buy. Today's most advanced system is tomorrow's discard. Let's wait, some say, until some stability is in the market, until we see what products will last, and until more compatibility of software exists.
2. Another problem of use is with the user. If we buy the equipment, we not only have the expense of the hardware and software, but we also have the expense of training personnel in computer literacy and usage.
3. A third issue is one of equity: Who should have the equipment? If it is placed in schools where the most affluent expect the latest and best, does this not widen the gap between the haves and have nots in our culture?
4. Problems of ethics center around record keeping and confidentiality, of who has access, of what is being assessed. They also focus on the need for counselor intervention, on when the computer can assist, and when it cannot.

Responses, of course, are available to all of these questions, but none are standard. Each board of education, each school district, must figure out for itself what it can afford and how to utilize its resources. However, professionals must tell boards of education what they cannot afford. They cannot afford inefficiency in an age of efficiency. They cannot afford computer illiteracy in an age when even children are literate, and they cannot afford inequity at a time when computer literacy on the part of all persons will be necessary to participate in tomorrow's work world.

In the mental health field, as well as in the schools, computers are used to automate and expedite existing tasks. For the counseling psychologist, as well as the school counselor, the computer is spawning a revolution that will transform the field. The next generation of computer assisted guidance systems according to Cogswell (1983) may well prove Tiedeman's thesis (1983) that the computer will add processes that exceed man's limits and thereby improve counseling beyond the limits of human counselors. Computer-assisted counseling has the potential to enable persons to interact with it to grow in personal depths and integration beyond that which is now possible with counselors alone. This is the new horizon for humankind during an age of transformation—computer applications that are human driven.

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CHAPTER 10

FAMILY COUNSELING

Hildy G. Getz, Ed.D.

Family counseling is an area of great expansion and emphasis in the counseling field today. School counselors, community and agency counselors, and private mental health practitioners are showing an increased interest in a family systems approach to problems. Counselors are turning toward family counseling as a preferred treatment approach for the same reason that family work was initially conceptualized. When a counselor fails to involve a counselee's family in the therapeutic process, the counselor often experiences futility and frustration in making lasting progress with the individual counselee.

The family can be viewed as a human system composed of interlocking, reciprocal relationship patterns which significantly influence behavior of its individual members. Family counseling is the assessment and treatment of problems of an individual member in reference to the organization and functioning of that system. Persons within the family (be they parents, marital partners, or children) who manifest emotional problems, psychophysiological symptoms, or problems in relating to others are viewed as "symptom bearers" or "identified patients" who

signal disturbances in the human system in which they live. From this perspective, ailment is not within a person but between and among persons. The conceptual base is so logical, and so laden with common sense, that it is fortunate that theoreticians formulated points of view.

Historically, family counseling work began in the 1950s. Psychiatrists, psychologists, and social workers wanted better ways to treat certain patients. Professionals had discovered that some patients only made progress as long as they were separated from their families. They also had seen that after some patients improved, other members in their families clearly played some role in individual symptomatology.

The basic idea of working with the entire family as a whole to deal with their interrelatedness was based on innovative investigations that occurred almost simultaneously in different areas of the U.S. The most influential and best known were a group of researchers at the Mental Health Institute in Palo Alto, California including Virginia Satir, Don Jackson, and Jules Riskin. At the institute, a new perspective referred to as the "double bind theory" was developed by Bateson, Jackson, Haley and Weakland (1956) to explain schizophrenia in the context of dysfunctional family communication.

Concurrently, Nathan Ackerman, M.D., (1958) and his colleagues at Jewish Family Services of New York were emphasizing the concept of "interlocking complementarity" in their work with family groups. They determined that certain patterning of interactions in a family had consequences in the production and maintenance of psychiatric symptoms. At the National Institute of Mental Health (NIMH), Murray Bowen, M.D., (1960) and his team hospitalized whole families and observed a reciprocity in their relationship patterns over time.

These pioneers developed new ways of conceptualizing human problems and consequently new therapeutic interventions dealing with entire family units. Their work has been followed over the years by expansion of theory and by many family treatment approaches which will be discussed later in the chapter.

PRINCIPLES OF FAMILY SYSTEMS THEORY

The trend toward family assessment and treatment reflects the general systems orientation as described by Ludwig von Bertalanffy

(1968). Any system is comprised of parts which have a relationship to one another and predictable outcomes. In families, the members in their relationships to one another produce certain behavior. The whole of the system is greater than the sum of the parts. A family system cannot be described by adding the characteristics of its members. Instead, by necessity one must understand the family organization and interactional patterns that involve an interlocking of behavior of its members. Relationships are interlocking and reciprocal like a loop. Events involving one member of the family reverberate around the loop as they affect others and are affected by others. Because change in one part of the system affects the entire system, systems tend to perpetuate themselves in a stable manner through homeostatic mechanisms. When applied to a family, change in one member causes a reaction producing a feedback process from other members which negates the change and restores the family to its homeostasis or equilibrium. Thus, when a family or any member of it shows symptoms, regardless of the particular form they take, those symptoms can be understood as a homeostatic mechanism which restores stability to a dysfunctional family system.

In summation, the development of family systems counseling does not simply represent another therapeutic method but a new conceptual orientation to human problems and the process of change. The development of this orientation to the family system was followed by the study of healthy and unhealthy family functioning. Lewis, Beavers, Gossett, and Phillips (1976) made an important contribution by describing eight important characteristics of the functional family. Such families experience having

1. an affiliative attitude toward one another,
2. respect for each other's subjective views,
3. openness and communication,
4. high levels of initiative,
5. a strong marital dyad and parental team,
6. spontaneity,
7. a balance of closeness and autonomy, and
8. an authority structure with a willingness to negotiate.

FAMILY ASSESSMENT

To be aware of the existence of problems or lack of healthy characteristics in a family can be difficult. Counselors operating out of a family systems viewpoint make assessments of families using several criteria. In a review of family therapy literature, Barnhill (1979) identified four basic dimensions of healthy family functioning that can serve as gauges of family life: information processing (communication), coping with change, identity formation, and role structuring. These issues will be examined here with examples of the types of problems family therapists see when family interaction is dysfunctional.

Information Processing— Communication

Because the nature of a family system is viewed as interactional, to focus on the patterns of communication that occur within that system is important. Communication is vital to the organization and functioning of a family as a whole and to the development of each family member. Ruesch and Bateson (1951) noted that every communication has two functions: a content (report) aspect which describes facts, opinions, or feelings and a relationship (command) aspect which conveys how the information is to be understood. All verbal and non-verbal behavior convey interpersonal messages. Not to communicate is impossible. In communication, family members seek to define the nature of their relationship. When this is unclear, pathological consequences can result.

Satir (1971) has described styles of miscommunication adopted by family members when they experience threat to their self esteem. Functional family relationships are based on love or trust, so any behavior which suggests something unloving or something untrusting creates anxiety and threat. Several patterns of communication, labeled by Satir as *placating*, *blaming*, *distracting*, and being *superreasonable*, are pursued by family members to disguise their fears. *Placating* is communicating in an agreeable manner no matter what a person really thinks or wants. Placating functions to help people avoid anger and conflict but may result in a build-up of resentful feelings. *Blaming* helps a person avoid being held responsible for a problem and to appear strong and righteous. Blaming is unhelpful to negotiation of difficulties. Being *superreasonable* is a pattern of communication demonstrating logic but no feelings. The problem is that it may interfere in needed closeness with

family members. *Distracting* communication, being irrelevant about the issues at hand, may help reduce immediate tension but ultimately does not facilitate problem resolution.

A child in counseling who is having problems in school may be a distractor for parents who are extremely blameful and hostile toward one another but who will unite in their concern for the child. An adolescent with psychosomatic complaints may reflect a family system in which a great deal of placating and little direct negotiation of differences exist. An acting-out youngster may function to draw in a distant computer-like father into the family.

Satir emphasized that family members need to be able to "level," which means to express an entire range of feeling and a variety of content messages so that the family system functions well. When communication is clear, families can become more aware of family rules, the behavioral norms which are both implicitly and explicitly implied, and can then work to change these rules if needed.

Coping with Change

Coping with stress and crises is a normal part of family life. Families have to deal with situational crises such as deaths, divorces, illnesses, separations and additions of family members, unemployment, and relocations. External events like wars, economic problems, crime, and weather catastrophes also can have much impact on families. Individuals have a greater chance of becoming ill when too much change occurs in a short amount of time as demonstrated by Holmes and Rahe (1967). Families, too, experience a pile up of stressors and have problems in their interrelationships. A child who is underachieving in school may be struggling with self-esteem problems, but that child also may be a symptom bearer of a family in which the father has become unemployed, the mother has gone to work, and the parents' relationship has not adapted to the new situation.

Families also experience developmental crises. These are the significant turning points that each family experiences in the life cycle from marriage, birth of children, children starting school, children beginning adolescence, first child leaving home, last child leaving home, marriage of adult children, aging and retirement, to death of a spouse. Carter and McGoldrick (1980) described the family life cycle in terms of the loss that is experienced and the renegotiation and reorganization of relationships

that are required by families as they make the transition from one developmental stage to the next. Symptoms often occur when families have much difficulty in making these transitions. The kindergarten phobic child often represents a family situation in which a parent is overinvolved and not able to emotionally release the child to the school.

Individual problems need to be considered in both a situational and developmental family context. They often reflect disorganized or rigid problem-solving responses by a family to situational or developmental crises. A healthy family system is one in which resources and flexibility are sufficient for individual members to adapt to changing circumstances and developmental stages.

Identity Formation

Over time a need for the family to be a core unit of society always has existed—a group where people live together and share life's basic day to day functions. Because of the importance of the family, it has a need to feel a basic sense of belonging and development together. A requirement exists, however, that individuals within the system must be able to grow. As the individual and the family unit both need to develop, struggles occur between separateness and togetherness, between differentness and sameness, between protection and freedom.

Some families are too close with little latitude for independent thought, expression, and privacy among members. The family is referred to as enmeshed when boundaries are the means to provide a sense of separateness. Working with the family of a teenage anorexic girl, the counselor discovers that the girl seldom expresses any ideas which run counter to the family opinions and that only minimal privacy exists between family members. Her control of body is the one way that she has chosen to be different and separate.

Other families are disengaged with rigid boundaries between members. When families are too distant or too disorganized, they cannot provide a sense of support and protection needed by the members. A junior high school student who was caught shoplifting was referred for counseling because the school officials could not understand such behavior from the nice girl. When her family was interviewed, it became evident that both parents were very involved in their own directions. The girl was floundering as an isolated individual in a fragmented family unit.

Healthy families are neither extremely enmeshed nor extremely disengaged. The members are connected and supportive to one another but also independent and private.

Role Structuring

In families, roles should be clear and reciprocal. Boundaries then distinguish distinctive parts of the family—the marital unit, the parental unit, and the children. If the subsystem boundaries are not intact, then various problems occur. One such problem is referred to as an inverted hierarchy and exists when clear generational boundaries between parents and children are lacking. A family with a very unruly child obtains counseling help and it is quickly apparent that the child repeatedly does not obey when the parents tell the child to do something. The child is not acting in an appropriate role and the parents are abdicating their parental authority.

Another form of breached generational boundaries is when a child assumes the role of a parental child who acts adultlike and takes on parental roles in the family. This may be important, even necessary at times, in single parent families or large families but can become dysfunctional when the role is too rigid and the child cannot also act in age-appropriate ways.

One or both spouses may seek emotional support outside that subsystem when stress is in the marriage. A child may be triangled in, as comfort and support, to one or both adults. Research has suggested that a very high percentage of child behavior problems have a basis in marital problems. Triangulation of a child is especially negative when the child serves as a go-between, balancing loyalties and regulating tension in a very hostile situation between parents.

Sometimes an intergenerational boundary in a family has become too diffuse with respect to one parent and too rigid with respect to the other. Hence, a parent-child coalition against the other parent exists. This has been referred to as a perverse triangle and obviously interferes with the ability of the parents to work together to rear their children.

In summary, healthy families have clear role expectations that enhance the marital subsystem so it can then be an effective parental subsystem. When the hierarchy between generations is in place, children can function appropriately in their roles.

COUNSELING PROCESS WITH FAMILIES

The goal of family counseling is the alteration of dysfunctional relationship patterns existing in the family which organize and reinforce problem behavior in the individual. The focal point of assessment and intervention is thus shifted from the person who has the problem to the individual's existing human system, the family.

The specifics of assessment and intervention of the counseling process vary depending upon the theoretical model followed by the counselor. The differences between these models will be discussed in a later section. The basic process will be explained here from a more eclectic viewpoint. Then a case study will be presented to illustrate the process of assessment and intervention.

Problem Assessment Phase

The initial phase of family counseling involves getting to know the family and exploring the problem. The word "joining" is a term used particularly by structural family therapists and refers to the process of developing positive alignments and relationships with the different family members. *Joining* can be facilitated initially in a variety of ways, both verbal and nonverbal, such as shaking hands with everyone and conversing in small talk.

The counselor then addresses one of the parents or simply presents a question in a nondirected fashion to determine why the family has come for counseling. Then to pass the problem around and hear how everyone describes the problem and his/her part in it are important. *Tracking* refers to this process of following the family story as it is told. *Empathy* and *respect* should be shown the family members about their view of the problem. The counselor encourages family interaction among its members by watching what emerges between them or by calling for specific interactions, a process called *enactment*. Information also may be elicited through *picture drawing* techniques or *family sculpting*, a process in which each family member arranges the family in a tableau showing each one's perception of system and subsystem members' relationships.

In the process of *questioning* and *observing*, the counselor makes assessments about the family in regard to its structure, communication

patterns, roles, rules, problem solving methods. Note is taken of any external changes or crises for the family as well as internal developmental change. In several approaches to family counseling, focusing on *family history* is viewed as helpful to determine the level of individuation adults have made from their families of origin. A *genogram*, which is a three generation map of family relationships, can be used.

The goal then of this first phase of family counseling is to engage the family in a collaborative treatment effort and to *reframe* the presenting problem from an intrapsychic problem to a family system problem. The counselor becomes the person in charge and can do this from an involved or more removed position.

Problem Solving Phase

From the assessment phase the counselor develops hypotheses about newly changed forms of family structure. The goals for change may be short-term, intermediate, and/or long-term. The goals need to focus on interactions and relationships within and among systems, and are to be formulated in behavioral terms so change can be observed and understood by family members as well as the counselor.

Appropriate interventions are many and follow from assessment of the family system. *Restructuring* techniques work to strengthen or create positive subsystem alignments and boundary clarifications. For example, in a case in which the children have too much voice, the counselor may structure interaction between the parents so as to come to agreement on what they expect from the children. The parents are helped to develop executive power and therefore draw an appropriate generational boundary. Or in a case in which a mother and son are overly involved and the father is quite distant, the counselor might first tell the mother that she needs a "vacation" from the troubled son and then facilitate the father and son talking and planning some events together. The father-son subsystem is therefore strengthened. The counselor may *reposition* family members during the counseling session, may support and align with different subsystems, may facilitate more independence for a family member, and may see certain members at some sessions in the process of restructuring a family.

Useful interventions around communication may attempt to help family individuals and subsystems better cope with stresses and conflict that naturally arise for a family. The counselor may need to teach direct,

effective communication skills such as *listening*, *empathic responding*, and *non-destructive expression* of anger. For example, in a family in which the father attacks the mother verbally, where the mother placates to try to calm him and the child distracts by being a school problem, the counselor may block these ineffective communication patterns during a session and help all members communicate forthrightly in a direct, assertive fashion. Another example of communication intervention would be a case in which there needs to be *negotiation* of new family rules. If the parents in a family are continuing to treat their teenage young person as if one were in elementary school, the counselor can facilitate more effective rules and help them acknowledge a new developmental stage.

An important aspect of family counseling is for families to experience hope and recognize their strengths; therefore, interventions focused on building the positive aspects are necessary. For example, a counselor can explore the resources used by a family in another time of crisis and emphasize that they do have many coping skills. A counselor can direct an *enactment* in which a parent shows some nurturing toward a child and then comment that the parent's gentler side had been there all along but is now being demonstrated in an overt way.

Paradoxical interventions are used especially by strategic family counselors. *Paradoxical tasks* are those which appear absurd because they exhibit an apparently contradictory nature. These tasks are particularly helpful with resistant families because in essence they tell clients to change by asking them not to change. One such paradoxical technique is *reframing* a situation. It involves changing the entire meaning of a situation by altering its conceptual and/or emotional context in such a manner that the entire situation is experienced differently. For example, a mother's constant criticism of her family members may be reframed by the counselor as a sacrifice of her gentler self to keep the family in line. *Prescribing symptoms* is another paradoxical approach in which the counselor requires certain family members to do what in fact they have been doing, rather than requiring that they change as demanded by everyone else. The counselor asks that a child who has been having temper tantrums have a set period of time with the parents watching such a tantrum. These interventions obviously should be used only when a counselor is well grounded in the theoretical justification for their use.

Another category of interventions is when the counselor uses *out-of-session tasks* to help the family generalize their new ways of interaction to out-of-session behavior. For example, the counselor might ask that a disengaged family plan a family activity on a weekly basis.

CASE STUDY

Assessment of the Client

Billy Brown, 12 years old and a seventh grade junior high student was exhibiting many behavioral problems in school. His teachers complained a great deal about his disruptive and impulsive behavior, and he was repeatedly sent to the office for disciplinary action. Tests did not indicate any sign of hyperactivity. Billy had a high average range of ability but was not making academic progress. He also had problems with peer relationships.

The school had consulted frequently with Mrs. Brown, and she reported many home problems with Billy as well. Billy had lived with the Browns from one year of age and was legally adopted by them when he was four years old. The adoptive father had died when Billy was five years old. According to the mother, Billy's problems began at that time.

Intervention with the Client

Billy was referred to the school counselor and then to a community mental health counselor. Accustomed to viewing problems from an individual perspective, the counselors looked for the intrapsychic struggle or the individual development problems that Billy was experiencing. Self-esteem problems and problems of loss or grief were explored in individual counseling sessions. Study skills and social skills with peers were pursued in group sessions. These approaches, which are so often effective with problem students, did not change things for Billy. Eventually the case was referred to a counselor with an orientation to family systems and training in family counseling.

Assessment of the Family Structure and Functioning

The family counselor asked the entire family to attend the intake session. This group consisted of Billy, Mrs. Brown holding an infant, and Melinda, age 13. The counselor learned that the baby was a foster care placement waiting for adoption and that Mrs. Brown had taken such foster placements over the years.

Mrs. Brown was in her 50s, overweight, and dressed in black. She was worried about the cost of counseling because the family did not have

much money, but she agreed with the school counselor that some kind of counseling was necessary. She talked with flat affect but at great length about all that was wrong with Billy. She said that he did not listen to her, talked back, and fought a lot with his sister and other kids. Mrs. Brown was perplexed because she adopted these two children when they were in her foster care at very young ages and was confident that she had given them a lot of love. Mrs. Brown presented the picture that everyone—the school, the church youth group leaders, her grown children—were all totally frustrated with Billy. The school had contacted her often about Billy's disruptive behavior and school personnel were ready to recommend him for a class for the emotionally disturbed.

After asking Mrs. Brown more about herself, the counselor discovered that the husband died one year after the adoption. Since that time, Mrs. Brown, who had been totally dependent on her husband, devoted herself to raising Billy and Melinda. She did not involve herself in any activities except seeing her grown daughters and their families. An older son, age 31, still lived at home.

While the mother talked, Melinda was rather withdrawn but echoed her mother about everything that was wrong with Billy. She looked at her mother while sharing that she had some academic struggles at school. They did agree that she had no discipline problems there. Although she fought a lot with Billy, she did seem to look to him for peer companionship. She had not spent much time away from her mother and brother.

Billy responded by being very oppositional to everything that was said about him. He sat close to his mother and bothered her until she corrected him. He refused to assume responsibility for his problems until the counselor teased him about that and then he broke out in a guilty smile. Billy claimed that he wanted to be a good student. Billy was grounded at home a lot and spent time reading or withdrawing to a cave he built for himself under the porch.

Based on this interview, the counselor drew some tentative hypotheses about communication, coping with change, role structure, and identity formation in this family. Much of Mrs. Brown's identity seemed tied up in mothering, and she had not felt successful with Billy. Under this sense of threat to her self esteem she operated out of a blaming stance and Billy had been labeled the "bad seed" in the family. In focusing on the children and particularly on Billy as a problem, she did not have to focus on her own issues or growth in life. The family still seemed somewhat mired in terms of adapting to life without the father.

They have not expanded out to external resources. Whether or not the grief has been dealt with was unclear since the mother seemed depressed and appeared almost in mourning. The daughter colluded with the mother, acting inappropriately maternal. The family was highly enmeshed, and the counselor theorized that Billy, who was entering adolescence, was having difficulty getting distance or feeling safe. Billy's misbehavior clearly kept his mother overinvolved with him. The family then continued in a pattern which resisted growth and change.

Intervention with the Family

The family counselor developed the goal of helping the family achieve some separation while supporting the mother in her competency as a parent and reducing the role of Billy as the scapegoat.

Many restructuring techniques were used. To facilitate individuation, the counselor positioned all three people apart from one another during the session. This reduced physical contact between them as they talked. Mrs. Brown and Billy were asked to negotiate a problem while Melinda sat back with the counselor and watched, thereby cutting into Melinda's coalition with her mother against Billy. To strengthen the sibling subsystem, the two children were asked to plan an activity without involving the mother in their conversation. Out-of-session tasks were given to encourage individual activities on the part of each family member. The counselor prescribed that for the good of the children, the mother was to have time away from them weekly. A suggestion was made that Billy get involved in either the Boy Scouts or activities at a local science museum. Melinda was encouraged to invite a girl friend over to the house.

Interventions around the communication styles in the family began when the counselor interrupted and blocked the negative comments of the mother about Billy. A transaction was completed between the mother and Billy in which he was able to disagree with his mother but in a respectful tone that she was able to hear. Billy was confronted by the counselor on his pattern of always projecting blame outside of himself. The family was encouraged to be more playful and humorous with one another. Mrs. Brown was complimented on all her work as a mother so that she did not experience as much threat to her self esteem, and therefore, did not have to fall back into such a critical stance.

The counselor contacted the school to encourage school officials to handle Billy's problems without contacting the mother. This intervention

was aimed at blocking one of the ways in which Billy continued to involve his mother with his behavior.

This process continued until separation became more comfortable for this family. Melinda spent more time with a girl friend from school. Mrs. Brown's appearance changed as she put a permanent in her hair and dressed in some pretty colors. She talked with more enthusiasm about her life and joined some activities at the church where she was active before her husband's death. With time, Billy's acting-out behavior at school lessened, and he became more involved with a peer group. Although still in trouble sometimes, he was no longer the "bad" member of the family who was blamed for everything. The family terminated counseling with a better sense of their strengths, an improved way of relating, and a family structure which allowed for individual growth of its members.

OVERVIEW OF DIFFERENT FAMILY COUNSELING APPROACHES

To classify current approaches or models of family counseling is difficult because of significant differences in theoretical assumptions, views of family interaction and plans for therapeutic intervention. The current approaches are classified here as follows: psychodynamic model, structural model, strategic model, and the experiential mode. Each will be described in terms of theoretical constructs. The application of each theory will then be explained in terms of the case study previously presented to demonstrate how a counselor with each orientation would work with the family.

Psychodynamic Model

In the psychodynamic model of family counseling, the focus is on intrapsychic selves, unconscious dynamics, conflicts of family members, and how those interlock to create disturbances in family members. Ackerman (1958), one of the founders of family therapy, used the psychoanalytic concepts derived from his background and training to explain psychosocial dynamics of family life. He viewed individual prob-

lems within the framework of the family's relationship context and therefore believed that a symptomatic client is often the scapegoat for unresolved family conflicts. Framo (1976) also emphasized that an individual's problems are often based in the unconscious dynamics of each generation's attempts to recreate or externalize inner conflicts from the family of origin (the original family in which the person was reared). Thus, in a given family are inner conflicts from one or more family of origins.

Based on the premise that symptoms result largely from unconscious dynamics from the family of origin, a number of prominent family therapists and counselors have devised creative assessment and treatment procedures. Because the goal is resolution of conflicts and losses in the family of origin, much focus is placed on reconnecting with family or origin. The approach by Bowen (1978) is to work with clients to develop a *genogram*, a three generation family map to diagram facts and information about the emotional life of a family such as emotional triangles and cut-offs. Individuals may need to interview family members to fill in needed information. The change process, then, is the attempt to help a client achieve more self differentiation, that is to heal cut-offs, detriangulate from conflicts, and respond to family in a more rational manner. Framo (1976) promoted *sessions for the client with the family of origin* for confrontation and sharing of feelings that have not occurred previously. In such a process, the covert aspects of the family become overt and can be worked through toward a solution. Paul and Paul (1975) used *video tapes* or *photographs* of family members as an implosion technique to assist clients in dealing with difficult emotional issues and losses.

A counselor operating out of a Bowen family systems approach would explore the entire emotional system of the Brown family. Mrs. Brown's assistance would be requested to construct a genogram of her nuclear family and her extended family. General facts (names, dates of significant events, medical issues) and *family themes* would be determined. One obvious pattern to look for would be the way the Brown family had handled separation over time. This might open up some new ways of thinking for Mrs. Brown. The counselor would encourage Mrs. Brown in developing more sense of self and lessening her fusion to what Bowen referred to as the *undifferentiated family ego mass*, the intense interdependence of symbiosis within the family. Mrs. Brown could then negotiate new roles in her family to adapt to her changing life circumstances. She would hopefully be less threatened by distance and not

need to overfunction in her parental role. The counselor would serve as a facilitator for insight and growth with this family.

Structural Model

In contrast to the psychodynamic model, this approach does not attempt to explore and interpret the past but to modify the present. The therapist functions to change the organization of the family in such a way that members experience change. This approach to working with families was developed by Salvador Minuchin (1974) and his colleagues at the Philadelphia Child Guidance Clinic. The structural model centers on the structural arrangements which govern family transactions. Symptoms in a family are a result of some problem in family organization such as lack of hierarchy or boundaries between subsystems in the family, lack of role definition or inflexible norms for responding to environmental, or developmental changes.

After assessment of families is made on these structural criteria, treatment involves *joining*, *reading structure*, and *restructuring*. Joining is the counselor's way of creating a therapeutic unit with the family and positioning oneself as leader. Interpreting structure is the assessment of family organization and is accomplished by noting seating position, tracking or clarifying questions and enactment in which transactions are called for by the therapist. Restructuring interventions include directives and tasks which change boundaries and coalitions. Many well known family therapists today are using Minuchin's model with a broad spectrum of problems, particularly child-focused symptoms.

A counselor adhering to the Minuchin structural family therapy model would have worked with the Brown family in much the same way that the process was described in the case study. The counselor would become involved in the family system to experience its characteristics, and would track its communication process. The therapist would use the process of enactment to involve the family in transactions during the session. For example, the counselor might ask Mrs. Brown to talk with Melinda about ways in which Melinda could develop some friendships. If Billy had interrupted and Melinda had drawn him into the conversation then the counselor could intervene and emphasize that the discussion was between the mother and daughter. Such interaction would be helpful first for diagnosing problems and second for teaching the family new

ways of relating. The counselor's focus would be on action and change during the sessions rather than on homework tasks.

Strategic Model

In this model for family therapy, the approach is to conduct problem solving about the presenting issue of the identified client. Individual problems are viewed as symptoms of an improperly functioning family organization, particularly a confused hierarchical arrangement. Strategic approaches have been most developed by Haley (1976), the Palo Alto group of Weakland, Fisch, Watzlawick, and Bodin (1974), and more recently by the Milan group of Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1978).

Assessment is made through inquiry about family members' perceptions of the presenting problem and their problem-solving attempts. In this approach, the concept is that the way in which the family labels a problem and the behaviors they have used to solve the problem may actually exacerbate or maintain the problem. Treatment goals then are to formulate the problem in clear, solvable, behavioral terms and to design interventions to change the ongoing family interaction sequence which is dysfunctional. Techniques to produce change depend on indirect influence. *Reframing* or *relabeling* is one such technique by which the problem is cast in a new perspective often with a positive connotation. Directives are strategically *planned behavioral tasks* given to families so that their behavior changes. These are carried out in sessions and as homework assignments. Strategic therapy is advocated as brief effective intervention with families.

A strategic counselor working with the Brown family would join with them to create a comfortable setting but would maintain a more remote, less personally involved stance. After obtaining a description of the problem and the family member's attempts to solve it, the counselor might ask that the problem be brought into the room. Billy and Melinda could be asked to fight and the mother asked to respond. Intervention would ultimately focus on blocking Mrs. Brown's involvement so that the children's fights would serve other purposes. Billy's misbehavior could be reframed as "his sacrifice of himself to give his mother meaning to her life." A paradoxical directive could be to ask the family to do more of what they were complaining about and therefore to involve

themselves even more in each other's lives. All these interventions could lead to a therapeutic outcome of changed behavior on Billy's part but also by his mother and sister.

Experiential Model

The focus of this approach is on the clients' experiences of their lives and the feelings and behaviors which result from those experiences. This, like the psychodynamic model, is growth-oriented. To change behavior, it is necessary to explore and alter a number of characteristics in a family such as individual member's self esteem, communication patterns, and family rules. Experiential approaches to family work are represented by Satir (1964) and Napier and Whitaker (1978).

Both assessment and intervention are based on the *counselor's intuition* and *phenomenological reaction*. *Evaluation* is made of the family's sense of themselves and the *situational dynamics* of the present.

To work with the Brown family, a counselor of this orientation would encourage spontaneous interaction between the three family members to learn about their relationships. Different family members could be asked to do a *family sculpture*. Each would arrange the family in any fashion—up, down, sitting, close or distant so that the way they were placed reflected the person's perception of the family. By looking at the family through action, the counselor and the family might develop understandings that would not have materialized through words and discussion alone. In contrast to the strategic and Bowenian approach, the counselor would be subjective by being very involved in assessing and treating the family. The family would then be taught more effective *communication patterns*. As seen in the case study, the counselor would encourage Mrs. Brown, Billy, and Melinda to be more in touch with their feelings, to listen to each other, and to negotiate their differences. Also, Mrs. Brown would be urged to assess her life apart from her parenting role so that boundaries would be strengthened. The family rule about not being too separate could be moved from an implicit to an explicit level. The systematic interventions in this approach are process oriented and rely very much on the counselor's intuition.

TRAINING AND SUPERVISION IN FAMILY COUNSELING

When counselors want to expand their skills beyond conventional counseling and obtain training in family counseling, several alternatives are available. Graduate programs at the masters and doctorate levels have expanded greatly in recent years. Some counselor education programs offer an emphasis in family counseling, but in other situations the family counseling training is offered out of other disciplines. The American Association for Marriage and Family Therapy functions as the accrediting body for such programs.

A number of family institutes are found around the country in major urban areas. The Ackerman Institute for Family Therapy in New York, the Philadelphia Child Guidance Clinic, the Boston Family Institute, and the Mental Research Institute in Palo Alto are examples.

Another alternative for training is for counselors to seek out local family therapists who have skills in training and/or supervision and to make a contractual arrangement to work with them. Sometimes, too, agencies and school systems hire training consultants to work with counseling staff in obtaining basic family counseling skills.

A counselor needs sufficient training so as to develop a broad view of the field and a solid understanding of different theoretical models. The clinical training should be accomplished with someone trained in supervision. The American Association for Marriage and Family Therapy has certified people who are approved supervisors. Supervision typically occurs in both individual and group settings. It takes several forms such as reviewing audio and/or video tapes, doing co-therapy with the supervisor, and having live sessions in which the supervisor observes through a one-way glass and uses electronic equipment to buzz or call directives to the trainee.

Once counselors are trained in marriage and family work, they may want or need to explore licensure and certification. The American Association for Marriage and Family Therapy has certified members at a student, associate, or clinical level. That organization can be contacted by writing 1717 K Street, N.W., #407, Washington, DC 20006.

CONCLUSION

Family counseling is making an impact on the whole delivery system in counseling and mental health. Increasing numbers of practitioners are seeking training in the discipline. Family counseling is not a faddish treatment approach but reflects a new conceptual orientation to assessing human problems and intervening to change them. Naturally not all counseling professionals agree with this orientation. Some believe in the power, creativity, and rightness of this approach while others debate this and instead rely on traditional counseling work. Many find that a solid training in both individual counseling and family counseling provides them with the orientations and skills to deal with a wide variety of clients and problems.

Agency and school counselors may not wish to engage entire families and in some cases they may not be permitted to do so. Helpful for counselors, though, is to conceptualize a systems orientation even if they do not deal with the entire family. For example, if a school counselor is working with a student who is underachieving and the available evidence is that the student's mother is overinvolved in an enmeshed situation with that child, the counselor can intervene by asking the teachers not to contact the mother so frequently. Furthermore, the counselor might suggest that the mother model competent behavior, "for the sake of the child," by getting involved in the P.T.A.

Having a systems perspective is also important for the counselor in making recommendations and referrals to other helping agents. For example, when a drug abuse counselor refers a teenage boy and his family to a private practitioner who does family counseling, that counselor could describe the interactional and problematic aspects of the family. The counselor could share observations about the parent's lack of agreement on discipline and the father's subsequent distancing from the family.

Helpers who have an awareness of family dynamics and an ability to intervene in family dysfunction offer hope to the family as a vital institution of our society. The family today is in a time of great transition. Divorcing families, single-parent families, stepparent families, and two-income families all have their unique strains and problems. Other families have difficulties in making necessary transitions due to developmental or external changes. Whatever precipitates problems for

families, when they do choose to struggle and change, family counselors are often the ones who have the opportunity to experience that growth with them.

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CHAPTER 11

REFERRAL AND COLLABORATIVE WORKING

Claire Cole, Ed.D.

In the complex society in which we live, few professionals work in isolation anymore. The surgeon, for example, is a part of a medical team which may include the referring family physician, nurses, laboratory technicians, pharmacists, anesthetists, radiological technicians and radiologists, pathologists, physical therapists, medical social workers, and many others.

In the same way, so is the counseling professional often a member of a mental health team working together for optimal mental health of the client. Such a team may include licensed professional counselors; school counselors, school psychologists, teachers, school social workers, and other educational personnel; drug or alcohol abuse counselors; ministers; rehabilitation counselors; medical personnel; child protective service workers; social services personnel; and others who have a direct professional influence on the client's mental health.

This concept of "teamness," of professionals providing different parts of mental health care, working together for the benefit of the client, is a concept of extended mental health care. Those involved in such cooperative workings are skilled in their own specialties and at the same time knowledgeable about other professionals' special competencies. They also are engaged in networks in which they know other professionals and are thus able to give and seek advice, to make and receive referrals.

Professional counselors who work cooperatively with their colleagues are secure enough themselves to ask for help when they need it because they are interested in the total welfare of their clients, not just their own specialty area. For example, a counselor in private practice may specialize in family counseling, helping clients understand how to make their family systems more functional. If the primary wage-earner of the family is intensely unhappy in the present job, career counseling may be in order. The family counselor will likely refer that client to a career counselor whose specialized function is beyond the training—and perhaps the interest—of the family counselor. The wage earner will see the career counselor for a few specialized sessions, remaining in counseling at the same time with other family members and the family counselor.

TWO APPROACHES

Two approaches to obtain assistance for a client are (1) referral to someone else, or (2) collaboration with another professional while working with the client. Usually referral or collaboration occurs because counselors recognize their own professional and/or personal limitations in working with the special needs of certain clients. Just as a lawyer who specializes in tax law may recommend that a client charged with a felony seek a criminal lawyer, so will a counselor recommend that a client seek other resources when appropriate. With the complexity of today's life, no professional can be an expert in all areas. Counselors today frequently specialize in such areas as

- school counseling
- career counseling
- geriatric counseling

psychiatric counseling
marriage and family counseling
educational counseling
early childhood, pre-adolescent, or adolescent counseling
midlife counseling
leisure counseling
and other such areas.

These specialty areas even have sub-specialties: a marriage and family counselor might, for example, limit caseload to divorce mediation. An early childhood counselor might choose to work only with children with handicapping conditions. So with today's specialization, referral and collaborative working become important to provide optimum benefit to clients.

Referral

The term *referral* means that one professional person has recommended that a client see another professional, usually to receive services different from those provided by the original counselor. The first counselor has thus *referred* the client to the second practitioner. While the two professionals typically stay in close contact, usually only one of the practitioners is working with the client at any given time. The client may return to the referral agent after work with the second has been completed. A geriatric patient who has been seeing a psychiatric social worker may, for example, become so depressed that the social worker refers the client to a psychiatrist for several sessions. After the episode of depression has been alleviated, the client will return to the social worker for ongoing mental health care. While professionals share information, they have worked on different problems with the client, rather than both working at the same time on different aspects of the same problem.

Often referral from one counselor or agency to another is the result of legal requirements. A young person convicted of driving while intoxicated may be required by court to receive counseling from a probation officer, mental health worker, or other counselor. Prandoni (1984) explored the reasons for and disposition of such court-ordered referrals to mental health professionals.

A school counselor, social worker, or physician who suspects child abuse is legally required to report such suppositions to child protective

service agencies. Professionals are sometimes hesitant to make such referrals when hard evidence does not exist or when genuine doubt is present about whether or not the abuse has actually occurred. How to handle such suspicions is often a matter of concern for helping professionals. A model of one school system's handling of such referrals is outlined by McClare (1983). Beezer (1985) thoroughly explained the responsibilities of school counselors in such instances, as well as the legislation which requires the reporting. He also detailed two cases in which litigation was brought unsuccessfully against school counselors who made referrals concerning suspected child abuse.

Counseling referrals may also be dictated by legislation requiring free and appropriate education for persons with handicapping conditions. Many referrals to private and public agencies originate from the public schools seeking assessment and diagnosis of handicapping conditions of children (Urbano et al., 1984).

Collaborative Work

Mental health professionals may work together in a *collaborative* venture for their client. In so doing, each person on the team will work at about the same time on different aspects of the same problem. For example, Schuh and Shipton (1985) described such a collaborative effort by counselors, ministers, and residence hall staff in an university setting.

The needs of a client may best be served by two or more professionals collaborating with different expertise. Any one of the professionals may initiate the collaborative efforts. For example, a couple receiving pre-marital counseling may as a part of preparation for marriage visit a rabbi, minister, or priest, as recommended by the marriage counselor. Likely the religious professional and the counseling professional will discuss with the couple different aspects of marriage and family living, with the two counselors considering different areas of the same concern. Their work would be complementary, not duplicative. Often in collaborative working all members of the team share information so that the efforts move toward a common goal rather than to pull the client in different directions. To accomplish this coordination, one professional has to take the lead—generally the primary counselor who initiated the collaborative work.

Some kinds of referrals or collaborative working required by law or agency policy include

a youth probation officer contacting the school counselor to discuss school adjustment and grades;

a substance abuse counselor discussing a client's physical problems with medical personnel;

a child protective services worker seeking information from a family's minister;

a rehabilitation counselor reviewing with a personnel director ways a handicapped worker can be accommodated within an industry;

a community college counselor exploring with an admissions director financial aid available to prospective university students; and

a Veterans Administration counselor discussing Vietnam Veteran's Syndrome with a social worker in a private mental hospital.

TYPES OF RESOURCES FOR REFERRAL AND COLLABORATIVE WORKING

Counselors must be expert in knowing what human services resources exist in their geographic area. Several different categories of resources exist with which counselors will want to be familiar, because they will likely be making referrals to and working collaboratively with most of them (Millard, 1981).

Public and Quasi-public Agencies

Many mental health services are available from a variety of public, quasi-public, and private agencies. Virtually every area in the United States, regardless of how remote, will have access to services from several government agencies.

Community Mental Health Centers (CMHC). These can provide counseling of various kinds, usually using psychologists, licensed professional counselors, social workers, and nurses. Frequently a psychiatrist will be available at least on a consultative basis. Typically such centers, in addition to standard mental health care, will include crisis counseling through hotlines, immediate respite care, or around-the-clock emergency counseling. Fees may range from no cost to near private therapy rates, often depending on a client's ability to pay.

Social Service Agencies. These agencies usually are staffed by social workers who can provide geriatric counseling, services to foster children, financial counseling for indigent persons, counseling for parents who abuse or neglect their children, as well as services for the children, and sometimes limited career counseling for clients in work incentive programs. Additionally, social workers are usually able to help their clients have access to a wide range of services outside what they themselves provide, usually at no charge to eligible clients.

Court and Other Quasi-legal Services. Probation counselors, alcohol and substance abuse counselors, offender counselors, and other such persons, are concerned with preventing criminal behavior or rehabilitating clients who have been convicted of offenses. Funds from sources established to prevent delinquency among young people often include counseling services as part of recreation or work programs. Generally no fee is charged for services for eligible clients.

Employment Agencies. Local employment agencies established through the Department of Labor and state employment commissions are designed to help workers find jobs, and employers find workers with the best of these agencies providing career counseling for job-seekers. Government agencies do not charge for these services, although private employment agencies do.

Military Services. Counseling services are provided through established programs for persons currently in the military and their families, plus extended services for many veterans through the Veterans Administration. Additionally, many young people receive information on their career interests by taking the Armed Services Vocational Aptitude Battery (ASVAB) and having it interpreted either by military personnel or by school counselors.

Other Public or Quasi-public Agencies. Communities in recent years have established agencies to meet various needs. Many of these, such as battered women's shelters, rape crisis centers, sheltered workshops, and other specialized services, usually include a strong counseling component or good access to counseling services provided by other agencies.

Educational Resources for Referral and Collaborative Working

Counselors need to be aware of the wide range of counseling services provided by educational institutions, some of which are available to the general public, as well as to enrollees of the institution.

Public Schools. School counselors in the local public schools are available at the middle/junior and senior high levels, and increasingly at the elementary levels. Usually school systems also have school psychologists, school nurses, and school social workers. Also other personnel may be assigned to work with students who have difficulty succeeding in school: legal offenders, truants, those with low socioeconomic backgrounds, students in special education programs, or other students with guarded prognosis for success in school. Career counselors, counselors for gifted students, job placement specialists, dietitians, psychometrists, or other persons concerned with mental health may also work in specialized areas.

Private Secondary Schools. Private secondary schools usually provide educational and career counseling for their students, with access to personal counseling for students who need it.

Community Colleges. Community colleges typically provide admissions, career, and financial advising. They may offer additional counseling services, such as testing or personal counseling. These services are sometimes available to the general public as well, usually with no charge. The general public may have access to information, such as career centers, if not the counseling services.

Four-year Colleges and Universities. Institutions of higher learning provide a host of services through residence hall staff, counseling centers, career planning and placement centers, veterans' assistance programs, financial aid and admissions departments, and other such programs. These services are also sometimes available to spouses, parents, or children of students and to faculty and staff at the institution.

Other Programs Associated with Schools. Upward Bound and various other talent search-type programs for economically disadvantaged students, provide educational, career, and personal counseling for young persons who qualify.

Private Practice Counselors and Therapists

Present laws which license professional counselors in many states have resulted in more private practice counselors and therapists being available to make and receive referrals than in previous years. Although most therapists and counselors in private practice charge considerably more than community mental health centers, at least a part of their fees may be paid by insurance. Also, many private counselors adjust rates (or occasionally waive them) according to their clients' ability to pay. Representative practitioners and their services are as follows.

Professional Counselors. State-licensed and/or nationally certified counselors have established private practice in which they provide counseling services in many states.

Social Workers. Social workers, credentialed by national accrediting agencies, offer counseling services either by themselves or together with other mental health professionals.

Psychologists. Many psychologists have established private practice to offer clinical assessments as well as individual and group therapy.

Medical Resources and Collaborative Working

Persons who work in medical settings frequently collaborate with other mental health professionals.

Psychiatrists. The number of psychiatrists has increased and many have private practices in which they combine their medical training with their knowledge of counseling therapies.

Other Psychiatric Workers. The staff of private psychiatric hospitals typically includes many of the mental health workers listed previously, including social workers, psychiatric nurses, psychologists, physicians, and licensed professional counselors. Usually psychiatric facilities offer both in- and out-patient services to their clients.

Other Medical Resources. Family physicians often see themselves as providers of mental as well as physical health care. Physicians specializing in family medicine are trained in working with community resources for the benefit of their mutual patients/clients. Some physicians employ nurse-practitioners, physician's assistants, or medical social workers who help patients with mental health concerns.

Other Community Resources and Collaborative Working

Other non-profit community groups, often supported through a combination of public and private contributions, offer a wide variety of counseling services which all counselors must know about in order to make good referrals. A model of the coordination of one community's resources by a Family Life Council is described by Fisher (1982). Support groups such as those listed below are typical providers of separate services. A more detailed listing will be found in Chapter 12.

Big Brothers/Big Sisters. This organization provides counseling and support to children and parents in primarily single-parent families.

Hospice Programs. Extensive counseling and support to clients who are terminally ill and to their families are available through hospice programs.

Agency Programs. Support groups are coordinated for parents of children with handicapping conditions, for persons who have particular diseases, for single parents, for parents of gifted children, and for other special interest groups with on-going concerns provide counseling.

Civic Group or Other Community-supported Services. Such services as clothing or food banks, repair programs for sub-standard housing, food and shelter for transients, and other programs often include counseling for individuals who are eligible for the services. Since counselors often work with clients who have needs which cannot be met through just counseling, knowledge of who provides other kinds of basic support for clients in need is essential. Counselors often will make referrals for services other than counseling, such as food, clothing, shelter, medical care, and legal assistance.

Churches and Temples. Religious groups offer counseling through a pastor, priest, or rabbi to members of that congregation. Usually these services are also available, either free or for a fee, to non-members. Some churches offer additional services, such as career and personal counseling available for a modest fee to young people and adults. One such program is available at many Presbyterian campuses throughout the country.

THE PROCESS OF REFERRAL AND COLLABORATIVE WORKING

Most prospective counselors do not receive much training on when and how to refer their clients and how to participate in collaborative working with other mental health providers. The following sections give some general guidelines on when and how to refer to such resources and how mental health professionals can work collaboratively for the benefit of their clients.

When to Refer

Generally, counselors refer when they themselves are not able to provide services their clients need. Millard (1981) suggests that "...a successful referral is contingent on the counselor's knowledge of community resources and his ability in identifying and enlisting the active assistance of agencies and their resources" (p. 34). He further suggests that the three factors which influence when a counselor refers are as follows.

1. How capable the referring counseling program is to help, including time constraints. For example, possibly a school counselor has sufficient training but insufficient time to undertake family counseling for students and their troubled families.
2. What professional competencies and experiences exist with specialists on the referring staff. A staff may be well-trained in some areas but lacking training and sufficient time to undertake family counseling for students and their troubled families.

3. What policies, rules and regulations permit regarding which kinds of services may be provided by the staff of the referring agency. Counselors may have the training, for example, to provide abortion counseling but may be prohibited by their employing institution to provide information on the topic of abortion.

Weinrach (1984) suggested several reasons for correctly making referrals. Among legitimate reasons to refer clients are lack of expertise on the part of the counselor, insufficient time for the counselor to handle the concern, lack of rapport between client and counselor, insufficient prestige when certain clients feel more confidence with a counselor with higher level qualifications than the professional first contacted, and inaccessibility to potential clients, such as a school counselor who does not have office hours at a time when a parent can come to school.

Thus, when a needed service cannot be provided due to lack of counselor competencies, time constraints, institutional policies, or other factors, the counselor should refer to another mental health professional who can provide the service.

When Not to Refer

Weinrach further suggested four incorrect reasons for referral:

1. avoiding counselor frustration and failure by prematurely calling for help;
2. displaced hero worship, when some counselors denigrate their own skills and unnecessarily refer to persons with more training or prestige;
3. "slough referral" (p. 92) when the counselor just wants to get rid of a particular client, especially a disruptive one; and
4. mistaken crisis intervention, when the counselor misperceives the need for crisis intervention.

Counselors sometimes lack confidence in their own capabilities or perhaps wish to avoid responsibility in areas they perceive, sometimes incorrectly, as outside their domain. Thus, some referrals become "pass the buck" referrals when mental health workers fail to take responsibility for counseling they really could handle themselves.

To Whom to Refer

As suggested in previous sections of this chapter, counselors must have a working knowledge of the human services resources to whom they can refer. The Ethical Standards for School Counselor adopted by the American School Counselor Association (ASCA, 1984) state that a counselor

makes appropriate referrals when professional assistance can no longer be adequately provided to the counselee (appropriate referral necessitates knowledge about available resources). (p. 85)

is aware of and fully utilizes related professions and organizations to which the counselee may be referred. (p. 86)

The counselor can keep up-to-date about what community resources are available in a variety of ways.

Professional Organizations. The American Association for Counseling and Development and other such organizations provide umbrellas under which mental health professionals from different agencies and backgrounds can associate and share their interests and competencies.

Directories. Lists of services are often available, usually compiled by an organization such as the community mental health association.

Public Announcements. New government agencies, volunteer organizations, hospitals, private agencies or therapists, and other mental health care providers usually are described in local newspapers. The informed counselor will attend open houses, arrange a professional call, invite a newcomer to lunch or to a professional meeting, or otherwise meet and discuss qualifications and certifications of professionals new to the area.

Personal Knowledge. Knowing about information and referral networks, bureaus, directories, and other such clearinghouses, including those beyond the immediate community, is essential for the counselor (Ball, 1984; Haynes and Mickelson, 1983; McCaslin, 1981). "Equally important is knowing what is not available in the community," (Millard, 1981, p. 37).

How to Refer

The mental health professional making a referral to another mental health worker should follow some guidelines.

1. The client must know about the referral and usually must want the referral. Exceptions may occur, such as a court worker referring a client remanded by the court to a drug or alcohol rehabilitation agency. Usually, however, an agreement should be between client and referring counselor that another professional is to be consulted.
2. Ideally, with the client's knowledge and permission (except in rare cases such as the preceding one mentioned), the referring mental health professional contacts the receiving professional and explains aspects of the client's concern, as well as why the original helper made the referral.
3. Sometimes the clients, rather than the referring professional, chooses to find the collaborative counselor. In that case, the referring counselor provides as much information as possible so that the client can make a wise choice about what other professional to consult:
4. The referring professional has some responsibility for following up the referred client, particularly if the client is to return to the original counselor for additional counseling.

Responsibilities of the Referring Counselor

Counselors who make referrals have several responsibilities to their clients.

1. An important issue is for the referring counselor to explain to the client what resources exist, both public and private. When appropriate, the client should be offered choices.
2. The client must understand clearly why the counselor thinks a referral to another practitioner is in order and must consent to the referral (except where the law requires referral, such as in child abuse, or where the client endangers self or others).

3. The referring counselor must explain to the client how the two counselors will work together, if the client will be returning to the first client, and how information will be shared between the two counselors.
4. The client should be provided with some knowledge about qualifications, expertise, and counseling philosophy of the receiving professional (Weinrach, 1984).
5. The referring counselor should give the client some information about intake procedures, fees, and scheduling of appointments (Weinrach, 1984), or encourage the client to clarify these at the initial contact with the receiving professional.
6. If the sending counselor can facilitate scheduling of the first appointment with the new counselor, that counselor can then be sure that contact actually occurs between the client and the new counselor (Zins and Hopkins, 1981). If possible, the referring practitioner should telephone the collaborative worker with the client present so that the client can hear what is said to the receiving professional.
7. The referring counselor must transfer information to the receiving counselor in accordance with legal and ethical guidelines concerning confidentiality, and with the client's full knowledge that such transfer has occurred.
8. The referring counselor should be willing to work cooperatively with the new counselor in treatment (Patterson, 1971).

Responsibilities of the Receiving Counseling Professional

Just as the counselor who refers a client has responsibilities, so does the practitioner who receives the referral or who agrees to work collaboratively.

1. The counselor receiving the referral should provide facts about qualifications, fees, times, and other such information requested by the sending counselor.

2. On-going information about the client's progress, as well as requests for information as needed, should be provided to the referring counselor, with the client's permission.
3. Planning for return of the client to the original counselor, if appropriate, is essential.
4. Counselors involved in collaborative work with clients must regard each other as peers and colleagues, communicating that confidence in and respect for each other's work to the client.

SUGGESTIONS FOR NEW COUNSELORS

Establishing contacts quickly in a new setting can be difficult, even though competent counselors understand the value of membership in a counseling network for referrals and collaborative work. Some suggestions for a counselor wishing to establish contacts are as follows.

1. Join and attend meetings of the local chapter of a national counseling organization, such as the American Association of Counseling and Development.
2. Read the yellow pages of the telephone directory to locate as many resources as possible, and then make contact with those resources.
3. Determine whether or not local information and a referral service or directory now exists and if so, how to access it.
4. If no such directory exists, consider working with other professionals to develop one.
5. Search for a mental health professionals' support group, and if one can be found, join it to get to know others. If no such group exists, consider beginning one.
6. Seek out counseling faculty in a college or university; a good program has strong ties with practitioners in an area and will provide access for a newcomer to other counselors.

7. Contact others in similar work settings; established counselors will likely be glad to help new colleagues meet others and to share information on resources of the area.
8. Help establish a network if one is not in place. If a new counselor cannot find the network, maybe one does not exist.
9. Attend professional meetings and seminars where other mental health professionals are likely to be.
10. Volunteer to do workshops or seminars so that established counselors get to know the newcomer's skills.

SUMMARY

Referral of clients from one counselor to another and collaborative working among mental health professionals will likely assume even greater importance in years to come as counselors become more specialized and information and resources more complex. Counselors should

1. become knowledgeable about referral resources in their communities,
2. be willing to work collaboratively with other mental health care providers,
3. prepare their clients properly for referral, and
4. follow-up and, where appropriate, resume the primary counseling role for a client who has been referred.

As Weinrach (1984, p. 95) wrote, "Although referral making is an important job-related task, the professional literature has tended to ignore it. So too has preservice training The referral process is too important to treat casually."

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CHAPTER 12

COMMUNITY RESOURCES

Karen Simon Sewall, Ed.D.

During the course of their professional lives most counselors will come in contact with clients who have a wide range of problems. A counselor's client may present with a primary complaint in the counselor's specialized area of interest. However, the counselor's clients may at the same time differ significantly from one another. These secondary characteristics of clients may result in complications for the counselor's case management. Alternatively, a given counselor may have a client present with a primary complaint with which the counselor is either not qualified to treat or possibly utilizes most effectively techniques which for a given client would not be the best treatment alternative. These evident differences in client types, thus, establish a significant challenge for the counselor: one must be able to recognize one's professional abilities and limitations, while at the same time be aware of alternative resources available for the treatment of the client.

The awareness of available alternative resources, professional abilities, and client characteristics is essential to one of the most important inherent aspects of counseling—the referral process. This process is

a logical extension of the heterogeneity of client mix that counselors must treat. Therefore, comfort with the process is essential to a counselor's effectiveness. This is discussed in detail in Chapter 11.

To be comfortable with referring clients to outside resources, a counselor must first be aware of one's professional capabilities. This requires a detached, objective evaluation of one's knowledge and what one has to offer the client vis-a-vis an alternative resource. Thus, a sense of professionalism of the highest degree is required. A counselor must recognize that referring a client is not an indictment of own abilities; but, rather, it is a reflection of the occurrence of increased specialization of counseling services (DeVoe & McClain, 1982; Marlowe, Marlowe, & Willets, 1983; Shertzer & Stone, 1980). Simply recognizing inherent professional limitations is not enough. The counselors must be comfortable with the referral process and demonstrate this to the client so the client does not view the referral as indicating a more serious problem, but rather one which can be dealt with more effectively in either an alternative primary treatment setting or with a secondary support system (Shertzer & Stone, 1980). Counselor competence with the referral process and knowledge of community resources is, thus, clearly a professional necessity.

An additional necessity in coping with the referral process is an understanding of the client's characteristics. Clients may present to the counselor with a specific complaint that clients feel affect a specific part of their life. However, the responsibility of the counselor is to recognize the interplay of various components of the client's life and how they may be affected by the stated problem. This recognition of the many dimensions of a client's life—work, family, recreation, psychosocial, and physical health dimensions—is important to effective counseling, not only in a primary treatment setting; but, also, for secondary support treatment. A client may be able to receive effective treatment for a problem from the counselor; however a common interest support group could provide confidence and assistance in coping with some of the side issues that affect the client's life. Awareness of the whole client is essential to the effective use of available community referral alternatives.

ESSENTIAL COMPONENTS FOR UTILIZATION

Continued interest in the client while involved with a community resource(s) insures the client made contact and gained access to the

resource (Millard, 1981). In addition to linking, other counseling roles are necessary in obtaining a positive outcome to the referral process. These counseling roles include the following:

1. *Initiator* of the utilization of community resources.
2. *Interpreter* of the clients's situation or culture in order to sensitize the referral agency's personnel to the client and decrease the opportunity for a negative experience by the client (Millard, 1981).
3. *Negotiator* of bureaucratic red tape (Millard, 1981).
4. *Advocate* on behalf of clients to insure benefits or entitlements are granted (Millard, 1981).
5. *Advisor* of most appropriate resources in terms of the client's needs (Millard, 1981).
6. *Educator* by instructing the client on the most effective ways to use the resources (Millard, 1981).
7. *Monitor* of the progress of the client (DeVoe, & McClain, 1982; Marlowe, Marlowe, & Willets, 1983). This means communication will be necessary between agencies.
8. *Professional supervisor* to assure that confidentiality is maintained. This becomes more of an issue when more than one resource is involved in treating a client.
9. *Communication coordinator* to assure that data and other personal and professional information is shared on a clear "need to know" basis (Shertzer & Stone, 1980).
10. *Formulator and coordinator* of a service plan. When only one person is relied upon to formulate and coordinate the implementation of a service plan involving community resources, clients' confusion is reduced, as well as fragmentation of effort (DeVoe & McClain, 1982). This one person may very well be the counselor in whatever setting the counseling practice takes place.

Once the referral process has been delineated and community resources have been identified and described, the integration of the referral process is dependent upon the knowledge and awareness of the counselor. Without this awareness and integration, fragmentation of services can result in an underutilization of community resources that are available and valuable for client assistance. The potential negative impact of this on the client is clear. Thus, a knowledge of community resources and the roles of the counselor in the utilization of these resources is a professional necessity and responsibility (Hummel & Humes, 1984). "Recognizing, supporting, and using alternative resources is a responsible act and will ultimately result in more services to more people" (Marlowe, Marlowe, & Willets, 1983, p. 187).

AVAILABLE COMMUNITY RESOURCES

An awareness of the resource alternatives available in the client's community is, also, essential to the referral process. The counselor must strive to and develop a network of trusted treatment alternative supplements. These alternatives can be quite varied, encompassing treatment of the psychosocial, physical health, educational, and vocational dimensions of the client's life. Though the full scope and depth of the community resources may be unavailable to all clients, a working knowledge of them is crucial to the referral process. This working knowledge of community resources includes information about the types of services offered, procedures for referral, fee structure, and contact person (Peters & Shertzer, 1974). All resources should be screened prior to referring a client for services. The referral process is examined in considerable depth in Chapter 11.

Within the framework of the above overview, community resources are identified and described in the following areas:

Physical Health Resources

Alzheimer's Disease and Related Disorders Association
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
American Red Cross
The Arthritis Foundation

Birthright
Candlelighters Childhood Cancer Foundation
Cystic Fibrosis Foundation
Easter Seal Society for Crippled Children and Adults
Epilepsy Foundation of America
Hospice
Juvenile Diabetes Foundation International
Leukemia Society of America
March of Dimes
Meals on Wheels
Muscular Dystrophy Association
National Hemophilia Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Spinal Cord Association
National Tay-Sachs and Allied Diseases Association
Planned Parenthood Federation of America
Public Health Departments
United Cerebral Palsy Associations

Psychosocial Resources

Alcoholics Anonymous
Al-Anon/Alateen
Big Brothers/Big Sisters of America
Catholic Charities, Jewish Social Service Agency and
Lutheran Social Services
Community Mental Health Centers
Department of Social Services (County, City)
Families Anonymous
Federation of Parents and Friends of Lesbians and Gays
Gamblers Anonymous
La Leche League International
Make Today Count
National Association of Anorexia Nervosa and
Associated Disorders
National Mental Health Association
National Society for Children and Adults with Autism
National Sudden Infant Death Syndrome Foundation
National Victims Resource Center
Neurotics Anonymous

Overeaters Anonymous
Parents Anonymous
Parents Without Partners
People Animals Love
Recovery, Incorporated
Stepfamily Association of America
The Sunshine Foundation
Young Men's Christian Association/Young Women's
Christian Association

Educational and Vocational Resources/Other

American Association of Retired Persons
Association for Children with Learning Disabilities
Colleges and Universities
Departments of Rehabilitative Services
National Alliance for the Mentally Ill
National Alliance of Senior Citizens
National Association for Retarded Citizens
National Rehabilitation Information Center
State Employment Commissions

The lists of community resources are prime examples, but many other or different resources may be in your community. Community resources are constantly changing. Many metropolitan areas have an Office of Information and Referral for Human Services. This office can respond to questions related to services for alcoholism, drug abuse, counseling, child care, employment, family planning, financial assistance, health, and senior citizens.

PHYSICAL HEALTH RESOURCES

Counselors often underutilize physical health resources as referral sources. However, whether the counselor is industry, school, or mental health-based, one may have a client with a physical health-related problem that either is the presenting problem or complicates the presenting problem. In the latter case, intervention using a physical health resource may allow the presenting problem to be more amenable to intervention and resolution.

The following is a description of various physical health resources a counselor may use for referral purposes. The resources described are comprehensive, but not all-inclusive.

Alzheimer's Disease and Related Disorders Association (ADRDA) is a voluntary organization that focuses on aiding persons affected by Alzheimer's Disease and other forms of severe memory loss. Services offered include family support groups, telephone hot line, information and referral, educational programs for the public and health professionals, respite day care fund, Autopsy Network (arranges with local hospitals to perform autopsies), advocacy, and literature. ADRDA has over 80 local chapters throughout the country. Its national headquarters is located at 360 North Michigan Ave., Suite 601, Chicago, IL 60601.

American Cancer Society (ACS) is a voluntary organization that provides a variety of services to cancer patients and their families, the public and health professionals. Services include transportation for medical care, medical equipment, wigs, and surgical dressings. Educational programs are provided, e.g. breast self examination programs, and literature for professionals or lay public. Self-help groups sponsored by ACS include Reach to Recovery (mastectomy patients), Ostomy Association (ostomy patients), the New Voice Club (laryngectomy patients), and I Can Cope (a patient/family program). ACS has branches in every state and in many metropolitan areas. National headquarters is located at 291 East 42nd St., New York, NY 10017.

American Diabetes Association (ADA) is a voluntary organization that focuses on diabetic patients and their families, and on professional and public education. Free nutrition classes, diabetic management courses, a nutrition education hot line, and a diabetes information line, as well as support groups such as the Diabetes Discussion Group (diabetic patients, family) and Parents of Diabetics (parents of children with diabetes) are among the provided services. Some ADA affiliates also offer a summer camp experience for diabetic children. ADA has state and local affiliates. ADA national headquarters is located at 600 Fifth Ave., New York, NY 10020.

American Heart Association (AHA) is a voluntary association that focuses on cardiovascular disease prevention and treatment. Among the services offered are cardiopulmonary resuscitation courses, smoking clinics, Heart to Heart Club (support, information, and education for cardiac patients and their families), literature, and workshops for the lay

public and health professionals. The AHA has state and local affiliates. The national headquarters is located at 7320 Greenville Ave., Dallas, TX 75231.

American Lung Association (ALA) is a voluntary association that provides services related to respiratory problems. These services include workshops for families with asthmatic children, *Superstuff* (kit for teaching children better self-management), breathing equipment, stop smoking clinics, support groups, public and professional literature, and seminars. ALA has approximately 144 state and local branches. The national headquarters is located at 1740 Broadway, New York, NY 10019.

American Red Cross (ARC) is a volunteer organization with a major focus on preventing emergencies and helping individuals cope with emergencies when they do occur. Services provided include relief programs during emergencies such as fire or national disasters; transportation for elderly, low income, or handicapped individuals; blood banks; telephone reassurance program for elderly; volunteer programs to check on the well being of homebound persons or maintain informal social contact; public education through classes in water safety, CPR, first aid, babysitting, childbirth preparation, and parenting; and literature. The Red Cross has chapters located in all states. The national headquarters is located at 17th and D NW, Washington, DC 20006.

The Arthritis Foundation (AF) is a voluntary organization that provides client services and education concerning arthritis. Services offered include financial assistance for equipment, aquatic classes, support groups for people with arthritis and their families, telephone reassurance program, arthritis self help courses, drug and medical equipment discount program, a juvenile arthritis group to provide support to children with juvenile arthritis and their families, and literature. The Arthritis Foundation has chapters throughout the country. The national headquarters is located at 1314 Spring Street NW, Atlanta, GA 30309.

Birtheright is a voluntary pro-life health organization that assists pregnant women to continue their pregnancies. Services include pregnancy testing; some obstetrician visits; pre-natal and parenting classes; support groups (pre-and post-natal); referrals to community resources, including adoption agencies; emergency housing; layettes; used maternity clothes and baby furniture; emergency transportation; and community education. No charge is made for any service. Birtheright has affiliates throughout the United States and Canada. The national headquarters is located at 761 Coxwall Avenue, Toronto, Canada M4C 3C5.

Candlelighters Childhood Cancer Foundation is a voluntary organization for parents of children with cancer. In addition, professionals who work with children who have cancer may belong to the organization. Candlelighters sponsor self-help groups, social functions, and 24 hour hot-line services. They also publish a quarterly youth newsletter for young people living with cancer and provide bibliographies on childhood cancer for children and parents. Candlelighters is an international organization with approximately 242 parent groups throughout the world. The national headquarters is located at 2025 Eye Street NW, Washington, DC 20006.

Cystic Fibrosis Foundation (CFF) is a voluntary health organization that focuses on improving the outlook for clients with cystic fibrosis (CF). Services include parent support groups for children with CF; adult CF clients groups; prescription medication discounts; financial assistance to purchase medical equipment (e.g., percussors, compressors, aerosol equipment); trained volunteers to perform chest physical therapy; support for 125 clinics or treatment centers throughout the country; public and professional education, and literature. The Cystic Fibrosis Foundation has local chapters throughout the country. The national headquarters is located at 6000 Executive Boulevard, Suite 309, Rockville, MD 20852.

The Easter Seal Society for Crippled Children and Adults (ESSCCA) is a voluntary health organization that provides services to handicapped people and their families. Services include diagnostic evaluation and therapy for speech, language, and hearing impairments (sliding scale fees); Stroke Club (social and educational activities for stroke clients and families); Family Support Group (for families of stroke clients); visitation program (volunteers visit stroke client in the hospital); adult language group (aphasia clients); loan closet of equipment for ambulation (e.g., canes, walkers); summer camping for anyone aged 5 and up, who is physically disabled, mentally retarded, or speech impaired. The Easter Seal Society has centers in each state. Its national headquarters is located at 2023 West Ogden Ave., Chicago, IL 60612.

Epilepsy Foundation of America (EFA) is a voluntary agency focusing on the needs of people with epilepsy. Services offered include job counseling and job placement; prescription medication discounts; life insurance; information and referrals (e.g., auto licensing, legal rights); self-help groups for adults or adolescents with epilepsy, parents of children with epilepsy; "Epi-Help" program (life support skills taught to

adult epileptics); living skills program for multiple handicapped individuals; and educational programs and literature for health professionals and the public, including a "school-alert" program. The Epilepsy Foundation of America has affiliates throughout the country. The national headquarters is located at 4351 Garden City Drive, Landover, MD 20785.

Hospices provide an interdisciplinary team approach to the palliative and supportive care including psychological, spiritual, and social support to terminally ill clients and their families. In fact, the family is considered the unit of care. Clients are referred to hospice care when they are no longer under treatment for cure of their disease and life expectancy is short (weeks to 6 months). Most hospices provide inpatient care as well as home care services. Home care services are available 24 hours/day seven days/week. Volunteers play an important role in hospice care giving direct service to clients and family (e.g., shopping, staying with the client). Hospice counseling extends through the bereavement period. Medicare and some private insurance carriers will pay hospice fees; however, care is based on needs rather than ability to pay. The National Hospice Organization provides a clearinghouse for locating hospice programs, assistance to new hospices, and literature. Its headquarters is located at Suite 901, 1901 North Fort Meyer Drive, Arlington, VA 22209.

Juvenile Diabetes Foundation International (JDF) is a voluntary agency with a primary focus of funding research on diabetes. Other services offered include educational programs for children with diabetes, their families, and the community; support groups for children who are newly diagnosed and their families; counseling; literature and audio/visual materials. JDF has 164 chapters located throughout the world. Its national headquarters is located at 60 Madison Ave., New York, NY 10010-1550.

Leukemia Society of America (LSA) is a voluntary society that focuses on education and client aid in leukemia, lymphomas, and Hodgkins's Disease. Services offered include support groups for clients and their families; supplemental financial assistance, including reimbursement for medication; transportation to medical appointments; public and professional education; and literature. Any client with leukemia may receive financial assistance for leukemia medications and \$0.05/mile for travel to a treatment facility. The Leukemia Society of America has 56 local chapters throughout the country. Its national headquarters is located at 733 3rd Avenue, New York, NY 10017.

March of Dimes is a voluntary association that has the prevention of birth defects as its ultimate goal. Many programs sponsored by the March of Dimes entail funding, e.g., Intensive Care Nurseries, and genetic laboratories. However, it does co-sponsor a pre-parenthood education program with the Red Cross with emphasis on high-risk groups; prenatal home care for high-risk women by visiting nurse associations; and Healthy Mothers, Healthy Babies, a program designed to teach women about what they can do for their own health and that of their babies. The March of Dimes has developed much literature and audiovisual material for the general public and health professionals. March of Dimes national headquarters is located at 1275 Mamaroneck Ave., White Plains, NY 10605.

Meals on Wheels (MOW) is one example of a voluntary organization that delivers meals to private homes. The service is available to anyone unable to shop for or prepare meals. MOW delivers a hot lunch and a cold evening meal on a daily basis. A minimal fee is charged. The federal government under the Older American's Act, provides a subsidy for low income elderly who need home delivered meals. Meals on Wheels are basically independent groups located in various metropolitan areas of the country. In some areas the public school system or the local hospital may provide the home delivered means.

Muscular Dystrophy Association (MDA) is a voluntary organization that supports treatment of clients with neuromuscular diseases. Services provided are clinic care, including diagnosis, counseling, physical therapy, occupational therapy, recreational therapy; transportation for clinic appointments; financial assistance; loan closet (e.g., respiratory equipment, braces, ADL appliances); camps for 6 to 21 year old individuals; support groups for clients and their families; recreational activities; and educational programs and literature. No charges are made for services to MDA clients. MDA has 240 clinics and 160 local chapters throughout the country. The national headquarters is located at 810 Seventh Ave., New York, NY 10019.

National Hemophilia Foundation (NHF) is a voluntary organization that focuses on the needs of persons with hemophilia, Von Willebrand's disease, and other clotting factor deficiencies. Services include support groups for parents, clients, and mother or father (separate issues); summer camps; emergency financial assistance; air lifts for specialized treatment; information and referral to other community services, insurance information, a Hemophilia Data Base and Information Clearinghouse; and patient, public, and professional education. NHF has over

50 chapters located throughout the country. Its national headquarters is located at 19 West 34th St., New York, NY 10001.

National Kidney Foundation (NKF) is a voluntary organization that has as its focus the problem of kidney disease—treatment, cure, prevention. Client and community services include support of blood banks for dialysis clients, operation of drug banks to provide discounts on prescription medications for clients with kidney problems, counseling programs for clients with terminal stage renal disease and their families, educational and referral programs, literature about kidney disease and the organ donor program, and an emergency transportation fund. The National Kidney Foundation has 48 affiliates located in most states. The national headquarters is located at 2 Park Avenue, New York, NY 10016.

National Multiple Sclerosis Society (NMSS) is a voluntary society that emphasizes support for multiple sclerosis (MS) patients and their families. Services include special exercise programs, counseling, coping groups, orientation sessions for newly diagnosed patients (co-sponsored by the Red Cross), transportation for medical appointments, recreation and social activities, loan closets (including wheelchairs and go-carts), MS Back-to-Work Training Program, literature for the public and health professionals. The NMSS has more than 150 local chapters throughout the country. Its national headquarters is located at 205 East 42nd Street, New York, NY 10017.

National Spinal Cord Association (NSCA) is a voluntary agency that focuses on the needs of persons with spinal cord injuries or with other diseases which have effects similar to spinal cord injury, e.g., spina bifida, polio, multiple sclerosis. Services offered include peer counseling, groups for family and friends, advocacy, identification of resources on spinal cord injury, pharmacy and medical supply discounts, professional careers program (places persons with physical disabilities), public and professional education, and literature. The Association publishes the *National Resource Directory*, the only comprehensive listing of resources available on spinal cord injury. The National Spinal Cord Association has 41 chapters nationwide. The headquarters is located at 149 California St., Newton, MA 02158.

National Tay-Sachs and Allied Diseases Association (NTSAD) is a voluntary organization that supports programs for detection, prevention, and research into Tay-Sachs, allied degenerative lysosomal, and

neurological diseases occurring in infants and children. Services include support group for families, referral for genetic counseling, promotion of mass screening programs, advocacy, and literature. NTSAD has 10 local chapters located primarily in the Northeast. Its national headquarters is located at 92 Washington Avenue, Cedarhurst, NY 11516.

Planned Parenthood Federation of America (PPFA) is a voluntary agency with a major focus on women's health issues. Services offered include contraceptive counseling and education, medical examinations, pregnancy testing and alternatives counseling; workshops and classes for parents as sexuality educators, workshops for men to increase their involvement in family planning, and for teenagers to provide information and a forum for discussion. All services are confidential and fees are based on a sliding scale. Planned Parenthood publishes literature on types of birth control, DES, sickle cell anemia, marriage and family life, and sexuality. Most publications are available in Spanish as well as English. Planned Parenthood has over 100 affiliates in the various states and over 700 offices providing medical services. The national headquarters is located at 810 Seventh Avenue, New York, NY 10019.

Public Health Departments (County/City) are local governmental agencies that offer a multitude of services. These may include clinics, e.g., venereal disease, family planning, immunization, congenital cardiac, eye, well-child, orthopedic, maternity, child neurology, dental; screenings, e.g., speech, vision, hearing, diabetes, blood pressure; pregnancy testing and counseling; premarital tests, chest x-rays, tuberculin skin testing, and home health care, e.g., maternal and child health, chronic diseases, tuberculosis control (home health care may be skilled "hands on" care as well as teaching and guidance.) The Women, Infants, and Children (WIC) Program is administered through the health department. WIC is a supplemental food program for pregnant and post-partum women and their children under five years of age. Participants must meet income eligibility. Some clinics are sponsored by the Bureau of Crippled Children. Some health departments services are based on a sliding scale fee, while others are free of charge to everyone. Public health departments are located in cities and counties throughout the country. Each state also has a department of public health.

United Cerebral Palsy Association (UCPA) is a voluntary organization that focuses on cerebral palsy treatment, research, and education; but services are available to other disabled persons. Services offered include medical diagnosis, evaluation, and treatment to children and adults

with cerebral palsy; career development; social and recreation programs; parent counseling; respite care programs; adapted housing for disabled individuals; advocacy; community and professional education, including literature. UCPA has more than 250 state and local affiliates. Its national headquarters is located at 66 East 34th Street, New York, NY 10016.

PSYCHOSOCIAL RESOURCES

The use of psychosocial community resources is an integral part of any set of counseling services in that these resources are so closely related to mental health considerations. Clients with a range of psychosocial problems who seek counseling need the tryout and feedback of nourishing community resource environments. Although counselors will tend to use psychosocial resources more often than physical health resources, often a reluctance or unwillingness to do so does exist. Counselors, not employed by community agencies, may work in isolation. This is compounded by the fact that many clients demand total privacy. In the absence of the opportunity to refer a client, the counselor should use the free literature dispensed by these resources and participate in workshops when offered. Psychosocial community resources are extremely broad in scope and are not neatly categorized. Thus, the following list includes self-help groups, private agencies, and governmental bodies. The listing is not exhaustive due to the fact that new support groups emerge constantly. However, the major resources that are available in most locales are included.

Alcoholics Anonymous (AA) is a voluntary fellowship of individuals who have a "desire to stop drinking." The primary purpose of AA is to help individuals with addiction to alcohol become sober and remain sober by focusing on not drinking one day at a time. As the name of the organization states, members remain anonymous. AA is a self-help group conducted by recovering alcoholics. Some groups are for women only or adolescents. Meetings are available daily in all metropolitan areas. In fact, 53,000 groups are located in 110 countries. Help is available on a 24-hour basis. No fees are associated with AA, but contributions are requested from members (a basket is passed at meetings) to defray costs of activities. Most towns and cities have an AA listing in the telephone book. The headquarters for the General Service Office is located at Box 459, Grand Central Station, New York, NY

10163. This office, as well as local groups, provide many different AA brochures.

Al-Anon is a voluntary organization composed of relatives and friends of alcohol-addicted persons. It is a self-help group that promotes understanding of alcoholism and their role in the addictive process. The focus of the group is on the sharing of reactions and strategies for coping with common problems, not on the alcohol-addicted individual. Family and friends may participate in Al-Anon, even though the alcohol-addicted individual has not realized the alcohol as a problem. Al-Anon is independent of AA, but the groups share many common elements. For address see Alateen groups.

Alateen groups for children (12 to 20 years) of alcohol-addicted parents are sponsored by Al-Anon members. It is a self-help group that enables members to discuss common problems formerly dealt with in isolation. Counselors need to note and be able to tell their clients that to be sensitive to adolescent needs, most Alateen meetings are not open to outsiders and no fees are associated with Al-Anon or Alateen membership, but contributions from members are accepted. Help is available to Al-Anon and Alateen members on a 24-hour basis. Groups are located throughout the world and meetings are available daily in metropolitan areas. Al-Anon is listed in most local telephone directories. Information about Alateen meetings is obtained through Al-Anon. The headquarters for the General Services Office of Al-Anon and Alateen is located at P.O. Box 182, Madison Square Station, New York, NY 10159-0182. This office, as well as local groups, provide Al-Anon and Alateen literature.

Big Brothers/Big Sisters of America are voluntary organizations who seek to provide a female or male image to girls (8 to 18 years) or boys (8 to 16 years). Trained volunteers are assigned to develop a one-to-one relationship to provide guidance, understanding, and acceptance. Most children are from single parent homes. No charge is made for participation in the program. Big Brothers/Big Sisters have chapters in most metropolitan areas of the country. The national headquarters for both organizations are located at 117 South 17th Street, Suite 1200, Philadelphia, PA 19103.

Catholic Charities, Jewish Social Service Agencies, and Lutheran Social Services offer services to individuals and families irrespective of their religion. Services include individual, marital, family and group counseling; foster care; family life education programs; emergency

assistance for economic and environmental crises; programs for the elderly; and adoption programs. The adoption program in each agency is available to couples of the same religion as the agency. Some services are offered free of charge; others have a sliding fee scale. Catholic Charities are located in each diocese. Jewish Social Service Agencies and Lutheran Social Services are located in most metropolitan areas.

Community Mental Health Centers are governmental funded agencies providing a continuum of services to the community. Services offered may include emergency treatment and evaluation; day support program for adults or adolescents; individual, couples, family, or group outpatient psychotherapy; residential treatment programs; half-way houses; grief program; victim assistance network (rape and domestic violence); women's shelter; mobile crisis unit; alcohol and drug treatment programs—outpatient and residential; and educational programs for the public, as well as outreach programs for adolescents and elderly persons and their families. Services are offered on a sliding fee scale. Community Mental Health Centers, sometimes listed as Comprehensive Mental Health Centers, are located in most counties and metropolitan areas throughout the states and are readily accessible to most populations.

Department of Social Services (County/City) is a local governmental agency providing a wide range of social services programs. Services provided may include foster care for children, protective services for children and adults, adoption services, and planning for nursing home placement. Many services are available to income eligible families only. These include day care for children or adults, companion or homemaker services, transportation services, employment services program, Aid to Dependent Children (ADC), food stamps, general relief, and refugee programs. Local departments of social services are located in cities or counties nationwide.

Families Anonymous (FA) is a voluntary fellowship of relatives and friends of persons involved in the use of drugs or with behavioral problems (e.g., runaways, delinquency, truancy). FA is a self-help group with the focus on the family, not the "troubled individual" as the belief is that the problem is a family illness that can be treated by a change of attitudes. Members are encouraged to attend weekly meetings and to contact each other between meetings. The FA program is based upon the Twelve Steps and Twelve Traditions of AA. No fees are charged, but contributions are accepted. FA has over 300 groups in 37 states. Also groups are located in Canada and other countries. Its World Service

Office is located at P.O. Box 528, Van Nuys, CA 91408. FA has literature for concerned families.

Federation of Parents and Friends of Lesbians and Gays (P-F.L.A.G.) is a voluntary organization that focuses on supporting parents and friends of lesbians and gays and changing society's attitudes toward homosexuality. Services offered include Hot Lines, support groups, literature, advocacy, and public education. Confidentiality is maintained. P-F.L.A.G. has over 100 groups in 47 states. Its national headquarters is located at P.O. Box 24565, Los Angeles, CA 90024.

Gamblers Anonymous (GA) is a fellowship of individuals who desire to stop gambling. The primary purposes of GA are for the individual to stop gambling and to help compulsive gamblers recover. The recovery program is based on the AA model. GA is a self-help group conducted by recovering compulsive gamblers. Help is available on a 24-hour basis. GA groups are self supporting, accepting contributions only from members. GA groups are in most metropolitan areas of this country. Groups are also located elsewhere in the world. The local telephone directory usually has a GA listing. The national service office is located at P.O. Box 17173, Los Angeles, CA 90017.

La Leche League International (LLL) is a voluntary organization that promotes breastfeeding for its physical and psychological advantages. Breastfeeding is viewed as the "ideal way to initiate good parent-child relationships." LLL is a self-help group led by accredited leaders who either were or are nursing mothers. Meetings are held in members' homes. At each of four meetings a topic related to breastfeeding is discussed. However, members may continue to participate after the four meetings are completed. LLL provides a mother-to-mother network, including a telephone hotline, breast milk in emergency situations, correspondence, and much literature. The *Womanly Act of Breastfeeding*, the LLL manual, has been translated into five languages and is available on cassette tape and in Braille. A membership fee is charged. LLL has 4,233 groups located in 49 countries. In addition, it provides 180 information distribution centers in 50 countries. (It is the world's largest resource for breastfeeding and related information). The national headquarters is located at 9616 Minneapolis Avenue, Box 1209, Franklin Park, IL 60131-8209.

Make Today Count is a voluntary organization for persons who have a life threatening illness and/or their families. It is a self-help group

committed to improving the quality of life of seriously ill persons and their families—to live each day as meaningful as possible. The family may also participate during the bereavement period. A secondary purpose of the group is to increase the awareness of health care providers to the needs of this subpopulation. No fees are associated with the group. More than 250 chapters of Make Today Count are located throughout the country. The national headquarters is located at P.O. Box 222, Osage, MO 65065.

National Association of Anorexia Nervosa and Associated Disorders (ANAD) is a voluntary organization that focuses on alleviating the problems of anorexia and bulimia. Services offered include self-help groups for clients and families; information and referral; educational programs, including an early detection program, for the public and professionals, and literature. All services are free of charge. ANAD has support groups throughout the country. The national headquarters is located at Box 271, Highland Park, IL 60035.

National Mental Health Association (NMHA) is a voluntary association that focuses on mental health issues, prevention and treatment. Services offered may include information and referral, work adjustment training program, transportation for family and friends on a monthly basis to patients in state mental hospitals, public education, literature, and advocacy on mental health and mental retardation issues. NMHA has 650 affiliates located in 41 states. The national headquarters is located at 1021 Prince Street, Alexandria, VA 22314-2932.

National Society for Children and Adults With Autism (NSAC) is a voluntary agency that acts as a national advocacy center for persons with autism and their families. Services offered include support for parents of children with autism, information and referral, education of the public, and literature (including a bookstore and a bimonthly newsletter). NSAC has 176 chapters and state societies located throughout the country. Its national headquarters is located at 1234 Massachusetts Avenue NW, Suite 1017, Washington, DC 20005-4599.

National Sudden Infant Death Syndrome Foundation (NSIDSF) is a voluntary organization with a focus on the concerns of health professionals and parents who have lost a child to SIDS. Services offered may include support groups for bereaved parents; educational programs for families of high-risk infants, health professionals caring for high-risk infants, and the public; apnea monitoring equipment for high-risk infants;

and a resource file of relevant materials. NSIDSF has 80 local groups located throughout the country. Its national headquarters is located at Two Metro Plaza, Suite 205, 8240 Professional Place, Landover, MD 20785.

National Victims Resource Center is a federally funded governmental agency. It functions as a clearinghouse of information on victim assistance and compensation programs and victim advocacy organizations; and a liaison to public and private organizations that assist victims of crime. Other services offered in relation to information include descriptions of existing victim assistance programs, names and addresses of people to contact for information, bibliographies, and copies of documents. Victims of family violence are included in the Center's information. The National Victims Resource Center is located at the Office of Justice Assistance, Research, and Statistics, Washington, DC 20531.

Neurotics Anonymous International Liaison (NAIL) is a voluntary organization comprised of individuals who have or have had emotional illnesses. It is a self-help group based on the precepts of Alcoholics Anonymous, but adopted to the needs of NAIL. The goal of NAIL is to aid in recovering from emotional illness and in maintaining recovery. No fee is charged, but voluntary contributions are accepted. NAIL has 350 local groups located throughout the states. Its national headquarters is located at P.O. Box 4866 Cleveland Park Station, Washington, DC 20008. NAIL provides much literature related to its function and emotional illness.

Overeaters Anonymous (OA) is a voluntary fellowship of persons with a compulsive overeating problem/addiction. OA is a self-help group that focuses on controlling the overeating "just for today." Most members attend meetings at least weekly. OA bases its program on the AA Twelve Step Program. No charge is made for membership, but contributions are accepted. OA also sponsors programs for families of compulsive overeaters. OA has groups in most cities and towns in this country, and also in some areas of Canada and other countries. It is listed in most telephone directories. The world service office is located at 2190 190th Street, Torrance, CA 90504. Much literature is available from this office.

Parents Anonymous (PA) is a voluntary organization with primary goals of identification, treatment, and prevention of child abuse. PA is a self-help group for parents who abuse or neglect their children or fear

they may do so. In addition, PA chapter meetings have available a mental health professional who assists parents in working through parenting problems. Other services include children's groups and PA literature. No membership fees are charged. PA groups are located throughout the world. A hotline number is listed in telephone directories. National headquarters is located at 22330 Hawthorne Boulevard, Suite 208, Torrance, CA 90505. The toll free number is (800) 421-0353.

Parents Without Partners (PWP) is a voluntary organization that focuses on the welfare and interests of single parents (divorced, separated, widowed, unmarried) and their children. Services offered may include: monthly moderated educational meetings dealing with single parent concerns; programs for youth consisting of TOTS (1 to 6 years), Buddies and Pals (6 to 11 years), and International Youth council (12 to 17 years); recreational and social activities; cooperative exchanges, e.g., babysitting, household tasks; community outreach programs for those experiencing single parenthood; support groups for single parents and/or single parents and their children; *Single Parent* magazine; insurance programs; summer camps; and scholarships for college (local or international competition). Fees are associated with some activities, but many family outings are subsidized by PWP. PWP has over 1,050 chapters located throughout the United States and Canada. Its international headquarters is located at 7910 Woodmont Avenue, Bethesda, MD 20814.

People Animals Love (PAL) is a voluntary organization that focuses on pets as therapeutic agents. Pets (parakeets, hamsters, cats, and so forth) are placed in homes of elderly or handicapped persons or in mental health institutions or nursing homes. Most pets placed in private homes are placed with individuals on a low fixed income. PAL headquarters is located at 8160 Electric Avenue, Vienna, VA 22180.

Recovery, Incorporated, The Association of Nervous and Former Mental Patients is a voluntary association with goals to help prevent relapse in former mental patients and to prevent chronicity in nervous patients. A self-help group comprised of persons with nervous symptoms and fears is led by a member who has participated in a leader training program. Meetings are held weekly utilizing the Recovery Method of Will Training. Professionals are welcome to observe meetings. Recovery Method does not replace the mental health professional as each member is expected to follow the authority of his own professional person. No membership fees are charged, but a collection is taken at the meetings.

Recovery has over 1,000 weekly group meetings in the United States, Canada, Puerto Rico, Ireland, and the United Kingdom. A telephone listing is in most metropolitan directories. The national headquarters is located at 802 North Dearborn Street, Chicago, IL 60610.

Stepfamily Association of America is a voluntary association with a goal to improve the quality of life for American step families. Services offered include support groups for stepparents or remarried parents, and their children; social activities, discussion groups, and speakers on subjects of special interest to stepparents; and advocacy. The Stepfamily Association has support groups in most metropolitan areas. Its national headquarters is located at 28 Allegheny Avenue, Suite 1307, Baltimore, MD 21204.

The Sunshine Foundation is a voluntary group that grants wishes of seriously ill children. The Foundation does not provide financial assistance for medical treatment. No income restrictions are associated in order to receive the "wish," but the Foundation requests information about the cost of annual health care. The address for the Sunshine Foundation is 2842 Normandy Drive, Philadelphia, PA 19154.

Young Men's Christian Association/Young Women's Christian Association (YMCA/YWCA) are organizations that promote physical, emotional, and social growth and well being through various programs and classes. Services are offered to the general public and may include physical fitness and health classes, e.g., pre-and postnatal exercise; child care; parenting classes; aquatics, e.g., classes for infants to adults, handicapped program, life saving; hobby classes, youth crises intervention; Learning Disabled Teen Club; summer day camp; support groups, e.g., Widowed Persons Service, Separated/ Divorced Groups; and ENCORE (rehabilitation program of physical exercise and counseling for women who have had mastectomies). Membership fees and additional fees are associated with these services. YMCAs or YWCAs can be found in most metropolitan areas.

OTHER EDUCATIONAL AND VOCATIONAL RESOURCES

Educational and/or vocational resources, in addition to the well-known avenues for those who need only advice and not counseling, are

frequently designed to assist persons with special needs, e.g., individuals with a physical or mental disability. These resources can be an important adjunct when the client is being treated by a counselor. The effective utilization of such community resources may be a contributing factor to the success of the counseling process. For example, an elderly client may have a problem related to self esteem that can be cognitively and affectively explored in counseling. However, behavior change may need a community resource environment such as involvement with the American Association of Retired persons to fully operationalize a change. The typical educational and vocational resources available in the schools are well known and are not presented here. The following is a limited description of various educational, vocational, and other community resources that are available to clients and families with special needs.

American Association of Retired Persons (AARP) is a non-profit organization open to anyone 50 years of age or older. Its purpose is to help older Americans achieve independence, dignity, and purpose in retirement or future retirement. Services offered include senior community service employment program (trains economically disadvantaged older persons and aids in job placement), widowed persons service (volunteer outreach, telephone referral, group meetings, and so forth), tax aide program (preparation of tax forms), 55 Alive/Mature Driving program (driver retraining), Institute of Lifetime Learning (working with colleges and universities to establish local educational programs), "practical" education programs including consumer affairs (increase knowledge of goods and services), criminal justice (help older persons reduce opportunity for victimization), health advocacy (information about preventive health care, how to use Medicare system); purchase privilege program (discounts on hotels/motels, rental cars, bus travel), group health and auto/homeowners insurance, pharmacy service (mail order or direct), money market fund, travel service, co-publishers books for older persons (e.g., money management, insurance decisions, housing alternatives), monthly magazine, and lobbying activities at state and national level. Members pay dues of only five dollars. More than 3,600 AARP chapters are located throughout the country. Its national headquarters is located at 3200 E. Carson St., Lakewood, CA 90712.

Association for Children with Learning Disabilities (ACLD) is a voluntary organization with a goal to aid children with learning disabilities. Services offered include parent support groups, information on education and psychosocial issues for children with learning

disabilities, advocacy, a monthly newsletter, and a list of publications in the field. ACLD has over 765 state and local affiliates. Its national headquarters is located at 4156 Library Road, Pittsburgh, PA 15234.

Colleges and Schools offer adult education courses, cultural activities, and other programs to the community. Most offer courses free of charge to income-eligible senior citizens. Many public school systems and recreation departments or extension offices offer special programs to senior citizens or those with a disability.

Departments of Rehabilitation Services (DRS) are state agencies that work to obtain jobs or maintain employment for individuals who have disabilities. Services offered include physical and/or psychological evaluation, vocational evaluation, guidance and counseling, job training and work adjustment training, maintenance and transportation for individuals in training, job seeking skills training, job placement services, and independent living training. Some services are based on financial need. All states have departments of rehabilitative services with offices located throughout the state. Some DRS funding is received from the federal government.

National Alliance for the Mentally Ill (NAMI) is a voluntary organization that focuses on the families of mentally ill individuals. Services may include job placement (low stress jobs); self-help groups for families, ex-patients, and siblings; information and referral to professionals who are willing to work with families; advocacy; development of model housing programs for mentally ill individuals; and education and literature. NAMI has 406 state and local affiliates located throughout the country. Its national headquarters is located at 1200 15th Street, NW, Suite 400, Washington, DC 20005.

National Alliance of Senior Citizens (NASC) is a voluntary organization whose major purpose is to lobby for senior citizens. However, NASC members can participate in various programs. These include a discount prescription program (mail order), travel services, car rentals, lodging discounts, group insurance (health and life), security trust fund, and a book club. A membership fee is charged. NASC is located at 2525 Wilson Boulevard, Arlington, VA 22201.

National Association for Retarded Citizens (NARC) is a voluntary organization that focuses on securing the full range of human and civil rights for persons with mental retardation. Services offered may include

information and referral, e.g., education, developmental and vocational training, employment opportunities, location of group homes; citizen advocacy program (community volunteers as special friends to persons with mental retardation); vocational advocacy program (aids in securing employment); parent outreach program (links parents of newly diagnosed children to other parents); adult social club program for working adults with developmental disabilities; joint advocacy coalition program (provides legal information and representation); educational programs for the public and professionals; and literature. NARC has local and state affiliates throughout the country. Its national headquarters is located at 2501 Avenue J., Arlington, VA 76011.

National Rehabilitation Information Center (NARIC) is a federally funded rehabilitation information service and research library. Services include database search for adaptive equipment (over 10,000 items) according to individual needs (ABLEDATA), mailing list of over 2000 professionals in the field of rehabilitation, and database search for rehabilitation information and research (REHABDATA). Some services are free; others have a nominal fee, but no one is denied access. NARIC's address is 4407 Eighth Street NE, The Catholic University of America, Washington, DC 20017. Public access is available to REHABDATA and ABLEDATA through Bibliographic Retrieval Services at (800) 833-4707.

State Employment Commissions are public governmental agencies that act as an employment service for workers and employees. Services for workers include employment counseling and placement. No charge is made for these services. Veterans and handicapped veterans receive preference in job placement. The Commission, also, administers the Unemployment Compensation Insurance program. The local offices, also, offer vocational testing programs. All states have an employment commission with local offices located throughout the state.

SUMMARY AND CONCLUSIONS

As indicated in Chapter 11, more is involved in a referral to a community resource than simply assessing the client and situation, determining that a referral is necessary, and identifying which community resource can best meet the needs of the client. If clients are going to avail themselves of the resource, then they may need to be assisted in "linking." *Linking* is the process of ensuring that clients receive the needed services (DeVoe & McClain, 1982; Marlowe, Marlowe, & Willets, 1983). To service clients effectively, the counselor must know the full range of services that are available.

An essential component of good counseling necessitates not only the identification of care-giving community resources but also a clear understanding of the services provided so that counselors in whatever setting can be most effective in using the referral process. This is particularly important where the counselor works in a highly self-contained institutionalized setting like the schools or in an isolated situation which is often the case with those who are in private practice.

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A handwritten signature in dark ink, appearing to read 'T. Remley'. The signature is stylized with a large, sweeping initial 'T' and a cursive 'Remley'.

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CHAPTER 13

CREDENTIALING

Theodore P. Remley, Jr., J.D., Ph.D.

A credential in the field of counseling certifies that an individual has met certain professional standards. One who now holds any type of counseling credential is able to present that credential as an indicator of professional competence. Credentialing processes that will be defined and discussed in this chapter include the accreditation of graduate degree programs and the granting of graduate degrees. Also various credentials offered by governmental and nongovernmental agencies will be reviewed.

Credentials for counselors are available in a variety of forms. Unfortunately, no simple procedure to discover the meaning or value of a specific credential exists. In determining the worth of a given credential, several aspects must be considered. The following factors should be used in evaluating a counseling credential:

1. purpose of the credential;
2. issuing body, including that body's credibility;
3. requirements for the credential;
4. relationship of requirements to purpose;
5. method of determining whether requirements have been met; and
6. privileges extended to those credentialed.

Some counseling credentials may have little or no significance, while others could have a tremendous impact on a counselor's status, prestige, and opportunities in the profession.

Most credentials worth obtaining have very specific requirements. As a result, rather than attempting to obtain every credential available, counselors are forced to choose among a number of possibilities. A credential that may be necessary for one counselor to practice in a given setting may be meaningless to a second counselor whose interests lie in other areas.

Counselors in training should consider the various credentials available to them early in their preparation program. By planning ahead, students are able to select a graduate program that offers the degree that is most appropriate for their objectives, use any flexibility in their training programs to take courses that may be required for a specific credential, and orient their supervised practice toward credential guidelines. Studying the requirements of various credentials is an excellent way for those who are interested in a career in counseling to learn about the profession and to discover the many employment options available within the field.

PROFESSIONALIZATION OF COUNSELING

Credentialing is a new concept to those who consider themselves counselors. Until recently, school counselor certification was the only credential familiar to most counselors (Sweeney, 1978). Counselors outside the school environment had no mechanism for establishing their credibility with credentials other than the graduate degrees they held.

Berdie (1972) stated that counseling lacked recognition as a profession, was not well accepted by the public, and might be described as a semi-profession. Etzioni (1969) defined semi-professions as those occupations aspiring to professional status. When compared to actual professions, Etzioni said the semi-professions require shorter periods of training, have less legitimate status, have a less established right to privileged communication with clients, maintain less of a specialized body of knowledge, and enjoy less autonomy from supervision or societal control. In addition, Etzioni maintained, "...a significant segment of the semi-professions aspire to a full-fledged professional status

and sustain a professional self-image, despite the fact that they themselves are often aware that they do not deserve such a status, and despite the fact that they objectively do not qualify..." (p. vi). He has suggested that, in their effort to identify with legitimate professionals, the semi-professionals often split their colleagues into two camps: those who approximate the professionals and those with fewer similarities to full-fledged professionals. According to Etzioni, this dissension weakens both groups.

Credentialing is a process whereby some counselors are distinguished from others by virtue of their advanced training, more fully developed skills, or more extensive experience. Rather than being seen as a destructive divisible movement, however, credentialing should be seen as a developmental step in the process of the professionalization of counseling (Davis, 1981).

Caplow (1966) maintained that the steps whereby a group achieves professional status are quite definite, and the sequence of steps is explicit. He outlined the first three steps as forming associations, changing names to reduce identification with the previous occupational status, and developing a code of ethics. Counselors accomplished these steps by chartering the American Association for Counseling and Development, substituting the title "counselor" for "guidance or student personnel worker," and promulgating the association's code of conduct. The fourth step in the process of becoming a profession is prolonged political agitation, according to Caplow. Members of the occupational group obtain public sanction to maintain established occupational barriers. For counseling, this step clearly involves credentialing in its various forms. The concurrent activities that occur as step four takes place include accreditation of training programs, passage of privileged communication statutes, elaboration of the rules of conduct in the code, and, often after much conflict, according to Mueller (1959), the establishment of working relationships with related professional groups. Even the most casual observer can see that counseling practitioners are vigorously engaged in Caplow's step four concurrent activities.

Although no clear consensus exists regarding the characteristics that herald the emergence of a new profession (Freidson, 1983), many commentators have attempted to define the term professional.

Scott (1969) chose to distinguish professionals from bureaucrats. He said that professionals practice autonomously while bureaucrats perform

more routine activities under supervision. The core characteristics of a profession, according to Toren (1969), are a body of theoretical knowledge, members who possess competence in the application of this knowledge, and a code of ethics focused on the client's well-being. Hughes (1965) has said that emerging professions demand more independence, more recognition, a higher place, a clearer distinction between those inside and outside the profession, and more autonomy in choosing colleagues. Credentialing is playing an important part in the movement toward the professionalization of counseling.

In many ways, counselors have followed in the footsteps of psychologists (specifically counseling psychologists) in their movement toward professional status. Few mental health practitioners would question the concept that psychologists are professionals. However, Phillips (1982), writing in the *American Psychologist* said, "Although psychology cannot make a strong claim for professional status at this time...it is well on the way to becoming a profession" (p. 920).

In developing their professional identity, psychologists had to prove their competence to provide mental health services that previously had been the exclusive domain of psychiatrists. Now counselors, along with social workers and related mental health practitioners such as psychiatric nurses, are attempting to prove that their ability to provide mental health services is equal to that of psychologists.

An important matter is recognizing that psychologists only recently have gained some of the recognition they have sought (Dorken & Webb, 1980). The first law establishing psychologists as qualified, independent health practitioners eligible for direct insurance reimbursement was passed in 1968 in New Jersey. Only in the mid-1970s was federal legislation enacted, recognizing psychologists as qualified to perform health related services.

A great deal of tension exists within the ranks of psychologists (Apanaitis, Ference, & Sturgis, 1980). Originally, the credentialing movement by psychologists was pressed most vigorously by clinical psychologists. As a result, privileges such as licensing for private practice and reimbursement by insurance companies for services became available exclusively to clinical psychologists, excluding counseling psychologists.

Gazda (1980), along with Fretz and Mills (1980), have observed that just as clinical psychologists have been treated as inferior by

psychiatrists, now counselors, social workers, and even counseling psychologists are being treated as inferior by clinical psychologists.

A comparison of the curricula of graduate programs in counseling psychology and counseling (counselor education, human development, marriage and family, and so forth) indicates that the programs are almost identical. The primary difference seems to be that counseling psychology programs have "psychology" in their titles and the graduate programs in counseling do not use the term "psychology." Many practitioners who hold doctorates in counseling belong to Division 17, the counseling psychology division of the American Psychological Association; whereas, many graduates of counseling psychology programs belong to the American Association for Counseling and Development. Counseling psychologists have felt discriminated against by their clinical psychologist colleagues and continue to discuss their dual identity with psychology and counseling (Fretz & Mills, 1980).

Psychologists, in their attempt to establish themselves as members of a profession, have been actively involved in the business of credentialing. Now counselors are following their lead. Hogan (1980) has advocated an atmosphere of inclusion rather than exclusion by counseling psychologists once they gain equity with psychiatrists and clinical psychologists in the mental health field. Counselors might be well advised to heed Hogan's admonition to the counseling psychologists. The credentialing process necessarily excludes some practitioners. Arbitrary exclusion defines recognition to those who are worthy and could keep some clients in need of counseling services from receiving those services (Cottingham, 1980; Gross, 1978; Koocher, 1979).

HISTORY OF CREDENTIALING

Credentialing is new to the counseling profession. Cottle (1955) reported no state statutes regarding certification or licensing of personnel workers other than school counselors existed. In addition, only two states licensed psychologists, and only three had certification laws for psychologists in 1955. Rehabilitation counselors and marriage and family therapists began their credentialing activities during the 1950s as well. By 1958, minimum requirements for counselors were suggested by Stewart (1958). Interestingly enough, the eight areas of study identified, including a practicum, is the same basic preparation expected of

counselors today. A stronger statement on the preparation of counselors was offered by Stoughton (1963). The first statute licensing counselors was passed in Virginia in 1976. Since that event, credentialing activities have increased dramatically.

Professional identity for counselors has been a continuing problem. Distinguishing educational background and services rendered by counselors from other mental health providers is extremely difficult. Because of the profession's origins in school counseling and student personnel services work in higher education, many counselors have identified closely with the goals of education. Counseling psychology's early emphasis on providing services for normal people experiencing normal problems also has had an impact on the identity of counselors. The recent emphasis on credentialing has required counselors to consider carefully their professional identity. The most recent thrust regarding the counselor's role has been to promote counselors as competent providers of mental health services to abnormal as well as normal clients.

The counselor's unique professional identity has not yet been established. Mueller (1959) explained that personnel workers were aware of their limitations, focusing their efforts on the normal personality. Stewart (1958), on the other hand, while acknowledging that counselors spend most of their time with normal people, suggested they should be able to recognize serious behavior disorders and work with other specialists in treating these disorders.

Given the fact that counselors have dropped such terms as "guidance" and "student personnel worker" from their titles, a surprising matter is to note that as recent as 15 years ago, Berdie (1972), who was then president of the American Personnel and Guidance Association, predecessor to the American Association for Counseling and Development, was suggesting that counseling professionals change their title to "applied behavioral scientists." He claimed that "there is little evidence that counselors or the counseling profession are well accepted" (p. 452).

While some feel counselors should broaden their role and title, Fretz and Mills (1980) reported with apparent accuracy that a movement exists for counseling graduate programs located in colleges of education or other non-psychology academic colleges to apply for accreditation as counseling psychology programs. To add to identity problems, many professionals whose primary affiliation is with counseling rather than psychology seek membership in the American Psychological Association

and licensure as psychologists (Wayne, 1982). The credentialing mechanisms for counselors are still unavailable to many practitioners because about one-third of the states currently license counselors.

Hopefully, credentialing for counselors will help alleviate the identity confusion currently found in the profession. If credentials are successful in establishing counselors as credible mental health professionals with the status, rights, and privileges of similar professionals, the benefits of credentialing will outweigh the problems counselors encounter in obtaining the various credentials (Prest, 1976).

The typical response to a credentialing procedure by one seeking a particular credential is that it is unnecessarily complex, rigid in its standards, and generally more difficult to obtain than should be necessary. However, once a credential has been obtained, those who hold it are extremely reluctant to simplify the requirements or the application procedure. Importantly, counselors who are applying for various credentials should remember that the credential they seek is meaningful only if it is accurate in the claim that it demonstrates the holder's counseling competence in a given manner. Also important is that those who have the power to develop or modify the requirements of a credential constantly question whether each requirement serves a meaningful purpose toward evaluating a counselor's competence. On the other hand, also essential is for counselors to be required to demonstrate thoroughly their competence before a credential is awarded.

SOURCES OF CREDENTIALS

Credentials for counselors are available from a multitude of entities. Currently, the basic sources of credentials for counselors are graduate schools, professional associations, independent agencies, and governmental bodies.

In this section, the following types of credentialing will be explored:

1. accreditation of counselor preparation programs,
2. granting of graduate degrees in counseling,
3. credentialing by governmental agencies, and
4. credentialing by nongovernmental agencies.

Accreditation

Several accrediting agencies have an impact on the credibility of graduate programs in counseling. General accrediting bodies determine whether entire colleges or universities meet minimum academic requirements. In addition, specialized accrediting agencies have promulgated standards which graduate programs must meet before receiving their stamp of approval. An assumption underlying an accreditation procedure is that each degree program should meet certain minimum standards before it can be considered credible (Stewart, 1958). Doctoral programs, professional associations, employers, certification agencies, and licensing boards often require that counselors hold degrees from graduate programs that have been accredited by one or more accrediting agencies. In a recent survey (Anderson, Parente, & Gordon, 1981), a variety of mental health practitioners predicted that the quality of graduate programs would increase as institutions became accredited and that graduation from an accredited program would become a necessity for entry into the field in the near future.

Independent regional associations of colleges and universities accredit institutions that have met minimum academic standards. These six regional associations have become almost universally recognized as the bodies who determine whether an academic institution has met the minimum standards for its degree programs to be considered credible (Blauch, 1959; Harclerod, 1980; Miller, 1973; Orleans, 1975; Selden, 1960; Sinclair, 1973; Trivett, 1976). The six associations include the New England Association of Schools and Colleges, the Middle States Association of Colleges and Schools, the North Central Association of Colleges and Schools, the Southern Association of Colleges and Schools, the Northwest Association of Schools and Colleges, and the Western Association of Schools and Colleges. Many licensing, certification, and registry boards will not recognize graduate degrees unless they were earned at a college or university accredited by one of these six associations. Other nongovernmental credentialing bodies also may require graduation from a regionally accredited college or university. Most doctoral programs in counseling require a master's degree from a regionally accredited institution and professional associations require a degree from an institution accredited by one of the six regional associations as a baseline requirement.

In addition to the six regional accrediting associations, three other accrediting bodies affect the value and status of counselor education programs. While accreditation from a regional association gives credibility

to the college or university granting the degree, these three additional accrediting unities demand that the academic programs themselves meet certain standards.

The National Council for Accreditation of Teacher Education (NCATE) is an independent agency supported by several educational associations (Sinclair, 1973). Graduates of counselor education programs that are NCATE accredited often have an advantage when applying for a school counseling certificate after moving to a new state. Several states grant reciprocity to holders of out-of-state school counseling certificates if the applicant has been granted a degree from an NCATE accredited program.

Another accreditation possibility that affects the degrees of counselors in all settings is offered by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). This accreditation council was formulated for the express purpose of evaluating counselor education programs. Currently, graduates of CACREP accredited programs are given preferential treatment when they apply for certification from the National Board of Certified Counselors. In the future, holding a master's degree from a CACREP accredited institution could be helpful to counselors applying for doctoral programs, professional positions, and credentials such as certificates and licenses.

The American Psychological Association (APA) accredits doctoral programs in clinical, counseling, and school psychology as well as pre-doctoral internship sites (Sinclair, 1973). The association does not evaluate master's degree programs. Many professionals who have identities as counselors are graduates of doctoral programs with "psychology" in their title offered by colleges of education or graduate programs offered by psychology departments. If these doctoral programs are APA approved, their graduates are eligible in many states to become licensed as psychologists. In addition, many job openings in the counseling field are available only to graduates of APA approved doctoral programs.

The regional accrediting associations along with NCATE, CACREP, and APA are the accrediting bodies that have the most significant impact on the credibility of counselor preparation programs. All of these bodies will become more important as the counseling profession matures. While possibly more accrediting agencies for counselor preparation may develop, more likely credentialing in the future will

focus on the skills and competencies of the individual counselor rather than the content of the training program.

Graduate Degrees

The base line credential for most counselors is a graduate degree. The entry diploma might be a Master of Education (M.Ed.), Master of Arts (M.A.), Master of Science (M.S.), or any number of nontraditional post-graduate degrees.

Generally, a master's degree requires at least 30 semester credits, but some might consist of twice that amount. In addition, the awarding of a degree could be dependent upon successful completion of any or all of the following: a written comprehensive examination, an oral examination, a final project, or a thesis. Master's degree programs vary a great deal in length and requirements.

Evaluating the quality of a counselor education program is difficult. No consensus has been reached so far regarding the significance that should be placed on factors such as previous academic achievement of admitted students, publications of faculty, number of students, faculty/student ratio, job performance of graduates, general reputation of college or university, availability of training facilities, and so forth. The variation in entry requirements can be observed by reviewing those listed by the institutions in a publication by Hollis and Wantz (1986). Accreditation by one or more of the agencies previously listed could be one method of determining the credibility of a counselor education.

Credentialing by Governmental Agencies

Credentials awarded by governmental entities gain their significance from legal basis. When a state decides to credential a professional in some manner, a statute must first be enacted creating a process for issuing the credential or a governmental agency must be authorized by the legislature to award a credential. The state legislature governs the credentialing process and imposes criminal sanctions on anyone who practices the profession or uses the protected title in the state without first obtaining the necessary credential. This sanctioning power of the state makes the credentialing process very powerful.

A difference exists between the certificates state departments of education award to school counselors and other credentials (registrations, certificates, and licenses) that are awarded by states to professionals engaged in private practices. School counselor certificates entitle holders to be employed by a public school, while the other types of credentials regulate private practices.

Each jurisdiction has its unique requirements for obtaining a school counseling certificate. Since requirements vary a great deal, counselors in training should know the certification requirements for the state or states in which they anticipate practicing as a school counselor. Requirements may or may not include one or more years of classroom teaching experience (Boller, 1972), specific graduate coursework, an internship, or a teaching certificate. Some states have been moving toward an assessment of counselor competence rather than experiential or educational requirements (Bernknopf, Shultz, & Ware, 1979; Brammer & Springer, 1971; Miller & Engin, 1976). Specific detailed requirements for certification can be obtained from the state department of education located in each state or jurisdiction. Gibson and Mitchell (1981) have provided an excellent summary of state certification requirements.

Since Virginia passed the first law licensing counselors for private practice in 1975, many states have enacted counselors licensure laws or have passed laws certifying counselors. As of 1986, 17 states license or certify counselors.

An important issue is for counselors to realize that a state's interest in credentialing a professional is based on one goal only: protecting the public from incompetent practitioners. If little or no chance for abuse of the public by practitioners of a profession is present, the state is not interested in the expensive, cumbersome, and time-consuming task of regulating the professionals (Howard & Lowman, 1985; Shimberg, 1982). Because the establishment of a credentialing process by a state enhances the public image of a professional group, that result is simply a by-product of the state's primary purpose of protecting the public.

Once a state has determined that a profession should be regulated, the legislature chooses one of three methods of regulation: registration, certification, or licensure. (Friedman, 1962; Sweeney & Sturdevant, 1974). If a registration statute is passed, individuals who practice the regulated profession must list their names in a register kept by the state. Individuals willing to list their names are allowed to practice the profession. Registration is the least restrictive state credential. The state does

not evaluate the education or experience of those who enter their names on the register. Registration protects the public by maintaining a public record of those who are practicing counseling in the state so that if a complaint is filed, the state knows where to find the counselor who has been charged.

Certification statutes evaluate the competencies of individual practitioners before they are certified, but do not require individuals to be certified before they are allowed to practice the profession in the state. Therefore, certified counselors would be entitled to advertise this credential to their prospective clients, but one would not be required to be certified before practicing counseling for a fee in the state. Certification protects the public by indicating that certified counselors have demonstrated some minimal level of competence while those who are not certified have not had their competence evaluated.

Licensing is the most restrictive credential a state can require of a professional. If a state has passed a licensure law, individuals who are not licensed by the state are prohibited from practicing the profession. By licensing counselors, the state insures that members of the public who pay for counseling are receiving services from a counselor who has demonstrated a minimum degree of competency.

Most states now have statutes governing the licensing of psychiatrists and psychologists. Counselors, social workers, and other mental health practitioners are attempting to convince legislators that their professions should be licensed as well. If they are to achieve licensure legislation, counselors must convince their legislators that the practice of counseling is so important and potentially harmful that the public deserves to be treated only by competent professional counselors.

While all states certify school counselors, at this point a limited number of states register, certify, or license counselors for private practice. This means that any individual residing in states in which the practice of counseling is not regulated may render counseling services to the general public for a fee. When counseling is not regulated by a state, the public could be exposed to charlatans who use the title "counselor." Most people do not know enough about the mental health field to determine for themselves whether a counselor has the adequate education and experience to deliver competent counseling services. Also, this unregulated use of the title "counselor" detracts from the professional identity of professional counselors whether or not they are engaged in private practice.

The lack of regulation of counselors in a state does allow fully qualified and competent counselors to engage in a private counseling practice without the expense and bother of becoming registered, certified, or licensed. However, any counselor who opens a practice in an unregulated state may be accused of practicing one of the other mental health professions, such as psychiatry, psychology, or social work, without a license. If this accusation is upheld, the counselor could be subjected to criminal sanctions and could have the counseling practice closed by court order (Kosinski, 1982).

Credentialing by Non-Governmental Agencies

States offer credentials in order to regulate the practice of professionals. Credentials are available from professional and independent associations as well. While holding a credential issued by one of these groups would have no effect on whether a counselor could engage in a private practice, obtaining such a credential could enhance the counselor's credibility. In some instances, holding a particular credential issued by a professional or independent association might be a prerequisite to consideration for a professional position, eligibility for insurance payments for counseling services, receipt of benefits offered by a professional association, or entrance into an educational program.

Credentials offered by professional and independent associations may be in the form of certificates or restricted membership in organizations. Certification by a nongovernmental agency is very different from certification by a state. Unfortunately, the term "certification" has many different meanings and is very confusing to professionals and the general public. Counselors in training are advised to request information regarding the requirements for any of the credentials that might be meaningful to them in their future professional practices.

Most credentials are oriented toward specializations within the field of counseling. Those who create these credentials are hopeful these certificates or restricted memberships will become the indicator of a counselor who has demonstrated minimum competencies in that counseling specialization. Therefore, these specialization credentials will be used as a method of screening applicants for counseling positions available in specialized areas.

CURRENT ISSUES

The credentialing of counselors is a relatively new development. As a result, many complex issues still are related to the process. The manner in which these issues are resolved will have a profound effect on whether counseling will mature into recognized and well-respected profession.

Adverse Effect of Credentialing

Credentialing seems to enhance the status of a profession. However, many are adversely affected by credentialing and their interests must not be forgotten. Credentialing does nothing more than insure that the person who holds a specific credential has met the standards established by the group who offers the credential. A credential does not guarantee that the holder will provide services of any better quality than those services provided by a person who is not credentialed.

Consider the situation of those uncredentialed counselors who are very competent and professional in providing counseling services. When a new credential is created, these counselors must expend the effort to obtain it or risk losing some of their professional credibility. Credentials require that applicants provide proof of their competence. They might be asked to submit official transcripts of their academic work, letters of recommendation from former professors or supervisors, proof of supervision, or tapes of interviews with clients. In addition, applicants often must pay a significant processing fee and take one or more written and oral examinations. To competent counselors who are quite comfortable without a credential, to be forced to submit to the review of a credentialing board in order to maintain their current professional status is very irritating. The services offered by these professional counselors will not be improved in the least by this credentialing procedure, yet these counselors feel forced to obtain the credential.

A second group adversely affected by credentialing consists of individuals who have become proficient counselors without formal academic training. Almost all credentials ignore those who fall into this category. Those who create credentialing for counselors often feel these people should be excluded from the profession or simply feel that this group's interests must be sacrificed to the greater cause of enhancing the

profession generally. Very few credentials provide an alternative for formal academic training. As a result those without the minimum educational requirements complain that the credential encourages university education rather than professional competence.

Consumers of counseling services also can be adversely affected. If a credential, such as a license, limits the number of professionals providing counseling services, some of the counseling needs of the public could go unmet.

Clearly a price must be paid when credentialing is used as a method for enhancing the status of a profession. Whether the price is worth the benefits gained is debatable.

Employment Entry

In the recent past, a graduate degree in counseling was the minimum standard for employment in the field. Employers would review all job applicants who met this requirement. However, with the proliferation of credentials, employers are beginning to require certificates or licenses as a minimum employment standard. This trend is sure to continue and the practice probably will increase because it helps employers in the screening process by reducing the number of qualified applicants. For example, if an experienced mental health counselor was being sought, an employer might simply demand that all applicants be Certified Clinical Mental Health Counselors.

Specialized Credentials

A trend seems to be toward specialization in the field of counseling. As a result, specialization credentials currently are offered or are being developed in areas such as rehabilitation, sex therapy, gerontology, family therapy, career counseling, art therapy, music therapy, psychodrama, substance abuse counseling, gay and lesbian counseling, dance therapy, group counseling, death and dying, and so forth. At some point a specialization certificate probably will be required for employment in all of these fields.

Third-Party Payments

The most significant credentialing issue today is whether counselors are entitled to health care insurance (third-party) payments as providers of mental health services. Health insurance companies pay benefits to subscribers who are treated by qualified professionals for certain mental health conditions. Many companies recognize counselors as qualified providers of mental health services, but some refuse to reimburse their customers who receive services from counselors. If health insurance subscribers can be reimbursed for services provided by other mental health professionals but not for services from counselors, naturally subscribers will choose the other professionals. Few people can afford extended mental health services without insurance coverage.

At one time counselors felt that licensure or other nongovernmental credentials would guarantee them third-party payments. Unfortunately, credentialed counselors who provide mental health services still are denied payments in many circumstances. Counselors are attempting to obtain third-party payments by negotiating directly with insurance companies and through lobbying for legislation that would require insurance companies to reimburse them for services.

Licensure Legislation Issues

Many credentialing issues are related to licensure legislation. The current conservative political climate seems to favor deregulation of the professions in general. States without licensure laws are having a difficult time proving they are needed, and states with licensure laws are having to justify their continued necessity.

In addition, many unresolved questions for states that have enacted licensure legislation exist. Licensure board members are struggling with issues such as whether boards should seat public (nonprofessional) members, whether all people practicing counseling in the state should be licensed (currently public nonprofit and pastoral counselor employees often are exempt), whether boards should be more active in monitoring the practices of licensees, pursuing people practicing without a license and whether reciprocity should be granted to counselors licensed in other states (a particularly difficult issue when the licensure standards in other states are less rigorous).

CONCLUSION

The counseling profession is just beginning its credentialing procedures. New counseling credentials are being developed and all current credentials are becoming more meaningful to other counselors and the general public. As this happens, counselors will find certain credentials essential for the practice of their profession and will seek other credentials to enhance their status.

Credentials can take many forms. The accreditation of counselor education programs, the graduate degrees earned by counselors, credentials offered by state governmental agencies, and certificates or restricted memberships available from professional and independent associations all affect the status and credibility of counselors.

New counselors entering the profession apparently will not have a choice of whether or not to become credentialed. Certification for school counselors and licensure for counselors in private practice already are necessities. In the future, a variety of credentials will become prerequisites for employment.

As the counseling profession matures, counselors should become aware of the credentials available to them and plan early in their careers to fulfill the requirements for the credentials they will seek.

Negative aspects of credentials must be recognized. Counselors should be sensitive to the fact that the requirements for a given credential might exclude professionals who are competent and qualified. Exclusion of others seems to be a by-product of efforts to insure that the public is offered only quality professional services.

Despite the drawbacks, credentialing is contributing to the development of counseling as a profession and certainly is a permanent phenomenon. Many issues regarding the credentialing of counselors remain unresolved. Solutions to current problems will be found, but new complex issues will take their place.

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CHAPTER 14

LEGAL AND ETHICAL ISSUES

Lou Culler Talbutt, Ed.D.

No contemporary counseling book is complete without a chapter dealing with legal and ethical issues. The counseling profession has developed and grown into a major profession serving individuals in various settings including educational institutions, private practices, mental health clinics, agencies, businesses, and other settings. The *Occupational Outlook Handbook* (1984-85) reported that 148,000 counselors were employed in 1982. Parallel to the growth and development of the counseling profession, legislation and court cases pertaining to counseling have increased. Because court cases and laws are difficult to access and understand by those outside of the legal profession, counseling literature is one means by which counselors may keep up with important legal and ethical issues.

Van Hoose and Kottler (1978) reported that counselors could probably expect increased litigation. They believe clients are more sophisticated about negligence, are more aware of their rights, and that

counselors are more active and aggressive in new techniques leading to possible liability charges. Consequently, counselors need to be aware of the legal boundaries within which they operate. Counselors need to know the areas on which the laws are clear as well as the grey areas in order to better prepare their professional strategies. Hummel, Talbutt, and Alexander (1985) reported that there are several ways counselors may become better prepared and may prevent legal problems:

1. Counselors should become familiar with federal and state laws concerning their profession.
2. Counselors should be familiar with state department and local school regulations related to their work.
3. Counselors should become familiar with court decisions related to counseling.
4. Counselors should be familiar with and follow the ethical standards and guidelines offered by their professional organizations. (pp. 21-22)

Other clues suggest that legal problems may potentially exist for contemporary counselors. Professional counseling associations encourage members to carry liability insurance. For example, the American Association for Counseling and Development (AACD) has liability insurance available for members. Also, professional associations provide ethical codes or guidelines in order to help professionals behave in a consistent manner and behave ethically in a variety of settings. In this chapter are discussed ethical standards, how professional codes may help counselors avoid legal difficulties, confidentiality, and malpractice.

ETHICAL STANDARDS

Professional standards may be defined as codes, guidelines, or norms for ethical behavior or conduct. Physicians, social workers, psychologists, and others in the helping professions have standards appropriate for professional conduct. Counseling is another such helping profession. The American Personnel and Guidance Association (now American Association for Counseling and Development) adopted its first code of ethics for counselors in 1961 with revisions in 1974 and 1981,

Ethical Standards (1981). The *Ethical Principles of Psychologists* (1981) of the American Psychological Association (APA) provides helpful guidelines for psychologists, counselors, and others in the helping professions. Corey, Corey, and Callahan (1984) identified the following additional professional associations which have published codes of ethics: Association for Marriage and Family Therapy, National Association of Social Workers, American Psychiatric Association, and National Academy of Certified Clinical Mental Health Counselors. These standards cover topics such as confidentiality, professional relationships, research, testing, client welfare, and other significant areas. Each ethical code covers topics most appropriate for its members. In addition to these professional standards, counselors should be aware of and become familiar with state regulations which may include professional standards. This is especially true for states which have state licensure laws for counselors. For example, Virginia, the first state to grant licensure for counselors in 1975, includes sections on responsibility, confidentiality, competence, consumer welfare, and other topics within the state regulations (*Regulations of the Board of Behavioral Science*, 1982). School counselors also will find the *Ethical Standards for School Counselors* (1984) useful. That document covers school counselors' responsibilities to pupils, parents, colleagues, and others. While these standards are consistent with the AACD *Ethical Standards* (1981), they also provide some specialized guidelines for school counselors. Another example of specialized guidelines for counselors is the document entitled, *Ethical Guidelines for Group Leaders* (1980) published by the Association for Specialists in Group Work. Counselors, whether working in private practice or for agencies, should become familiar with and follow the ethical standards most appropriate for their work setting.

Professional standards exist for several reasons. They provide general guidelines for professional conduct on a range of topics and offer consistent ethical codes about issues facing counselors. Van Hoose and Kottler (1978) believed that ethical standards help counselors deal with three groups: clients, professionals, and the public. They also believed the professional codes provide autonomy and allow professionals to regulate themselves. Talbutt (1981) summarized that ethical standards are self imposed regulations, prevent internal disagreement, and provide some protection in legal cases. Talbutt concluded that the first two reasons are self explanatory, but that the third reason should be examined.

Ethical standards offer protection for counselors indirectly. No absolute assurance exists that counselors who follow their professional

standards will avoid all litigation. However, counselors who can show that their behavior is consistent with standards set by their profession can build a stronger defense than counselors who act contrary to their professional code. In litigation, counselors, like physicians or psychologists, would likely be judged by behavior acceptable to and demonstrated by other professionals with similar qualifications. No better document by which to judge one's professional conduct exists than the ethical codes for that profession.

Limitations

Talbutt (1981) identified two major limitations to the *Ethical Standards* (pp. 110-111). As with any major document it is general and addresses a national audience. The AACD covers topics of interest to counselors in public schools, higher education, private practices, research, and other settings. The ethical standards cannot cover all specific issues for each division within AACD. However, the standards do address the major topics such as confidentiality, professional conduct, client welfare, and other topics appropriate for counselors in a range of work settings. Because the standards are used nationally, they cannot and should not reflect the various state laws or local regulations. Thus, Talbutt recommended that counselors must supplement the standards with other materials such as state laws, state department regulations, agency regulations, and court actions reflected in current news reports and professional literature. Also, the standards do not reflect changes between periods of updates. The last revision was in 1981, with the previous revision in 1979. The lag in revisions illustrates one problem around which counselors must operate.

The second limitation of the ethical standards identified by Talbutt (1981) includes conflicts and unclear areas within the codes themselves. For example, the 1981 *Ethical Standards* reveal conflicts in Section B cited below:

Section B. Counseling Relationship

- 1 . The member's *primary* obligation is to respect the integrity and promote the welfare of the client(s), whether the client(s) is (are) assisted individually or in a group relationship.
- 4 . When the client's condition indicates . . . danger to the client or others, the member must take reasonable personal action.

5. Records of the counseling relationship . . . are to be considered professional information . . . and they should not be considered a part of the records of the institution or agency in which the counselor is employed. (American Association for Counseling and Development, 1981)

According to the previous citation, the counselor has a responsibility to both the client and the institution. School counselors even have a third dimension of responsibility—other students within the school. Alexander (1976) wrote that sometimes the counselor, as “an arm of the administration,” must put the welfare of other students over that of the counselee (p. 227). Alexander recommended that school counselors advise clients of their limited relationship and explained that school counselors are in a “precarious ethical-legal position that must be balanced to insure the counselees of their rights and to insure the rights of others” (p. 227).

Talbutt (1981) also found an unclear issue in the *Ethical Standards* in Sections B: 1 and 4. These sections are especially confusing in terms of *Tarasoff v. Regents of The University of California*. In that case, a student and patient of the college psychotherapist at the University of California at Berkeley reported that he intended to kill Tatiana Tarasoff. The psychotherapist informed the university police, who detained the student for a short time but released him. The student then killed Tatiana Tarasoff.

The parents brought charges against the university regents, the psychotherapist, and campus police. The lower court found for the defendants, but the Supreme Court of California found the defendants negligent in their “duty to warn” (p. 565).

We conclude that a doctor or a psychotherapist treating a mentally ill patient just as a doctor treating physical illness, bears a duty to use reasonable care to give threatened persons such warnings as are essential to avert foreseeable danger arising from his patient's condition or treatment. (p. 559)

The *Ethical Standards* makes a statement on counselor responsibility to warn.

When the client's condition indicates . . . clear and imminent danger to the client or others, the member must take reasonable personal action or inform responsible authorities. (AACD, 1981, Section B-4)

The court decision in Tarasoff appears to agree with the *Ethical Standards*, which states that counselors must take action when there “is clear and imminent danger to the counselee or others.” In Tarasoff, the psychotherapist warned the campus police, but the court determined that

the person in danger should have been told. Thus, notifying the campus police was not sufficient in that situation.

In similar situations, the counselor must make a professional judgment and at those times the ethical standards do not provide clear directions. Counselors must decide when and if a person should be warned, which may be more of a problem when clients are minors. Professional guidelines should clarify these areas for counselors, especially the unclear areas within the ethical standards. Until such clarification, counselors would be well advised to seek the opinion of other professionals, both within and outside of their profession. Literature, current news, workshops, and conferences are other ways of staying informed. While the *Ethical Standards* (1981) display some limitations, they offer far more directions than problems. Only by examining the document critically can counselors become aware of problem areas and prepare themselves in advance for difficult decisions.

Perhaps another limitation of all major professional standards is not with the documents but with professions' limitations in enforcement. Van Hoose and Kottler (1978) wrote the "professional societies have no legal power per se" (p. 102). While more states are passing laws specifically establishing standards for counselors, the standards are professionally enforced, and can only apply to members. They have implications for others only because the codes form a norm of operation for comparison, but the enforcement does not exist. Professions have established procedures for investigating and for giving opinions on specific issues. Members can be expelled, receive a warning, or be monitored if their behavior so dictates. Nevertheless, the codes are professionally enforced and are not as binding as laws.

The following recommendations should help counselors be better prepared regarding ethical issues:

1. In unclear situations or problem areas, counselors might find it helpful to compare several professional standards regarding the particular issues in question. For example, by comparing the AACD *Ethical Standards*, the *Ethical Principles of Psychologists*, *Ethical Standards for School Counselors*, *Codes of Ethics for Certified Mental Health Counselors*, and other codes, counselors should have fairly clear views regarding their responsibilities in many situations.

2. If, after comparing several professional codes, counselors are still unclear regarding appropriate behavior, they should consult with other professionals. Counselors can seek advice on situations without revealing confidential information about individual clients.
3. In some situations, counselors might seek opinions from local, state, and national professional associations. Major associations have standing committees to deal with ethical issues.
4. Prospective counselors in training and counselors in the field should keep up with changes in the professional standards through special courses, workshops, in-service training, and professional programs.
5. The understanding and utilization of ethical standards should be a life long professional developmental process. As laws and court decisions are reflected in ethical standards through revisions, counselors must be willing to evaluate themselves, their practices, and reflect current trends recommended by the profession.

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

Counselors face ethical decisions continually regarding when and under what circumstances confidential information should or should not be revealed. Hummel, Talbutt, and Alexander (1985) recommend that

Counselors should first understand the terms confidentiality and privileged communication. Second, counselors should know the status of privileged communication statutes in their states of employment. Third, counselors should understand the implications of those state statutes and court cases for their work setting. (p. 53)

Often counselors use the term confidentiality and privileged communication interchangeably. However, it is important to distinguish between the two definitions.

Privileged communication is a legal right excluding certain professionals from testifying in a court of law regarding information revealed

in a professional-client relationship; whereas *confidentiality* is an ethical obligation on the professional's part not to disclose confidential information from the counselor-client relationship. *The Ethical Principles of Psychologists* (1981) requires psychologists to maintain confidentiality.

Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstance in which not to do so would result in clear danger to the person or others. (pp. 633-634)

The AACD *Ethical Standards* (1981) also explains the counselor's role in maintaining confidentiality.

Section B. Counseling Relationship

2. The counseling relationship and information resulting therefrom be kept confidential, consistent with the obligation of the member as a professional person. In a group counseling setting, the counselor must set a norm of confidentiality regarding all group participants' disclosures. (AACD, 1981)

Generally, three instances are acceptable for counselors to reveal confidential information: when the client or others are in danger, when the counselor has a legal obligation to testify in court, or when clients waive their rights to confidential information. Counselors should remember that confidentiality exists for the benefit and protection of clients, not counselors. Thus, clients may request or grant permission for personal information to be revealed.

Some special situations presenting unique problems regarding confidentiality for counselors include group counseling and the counseling of minors. Confidentiality is difficult to maintain in group counseling because group leaders cannot ensure confidentiality. Davis (1980) suggested that confidentiality in groups may not even be realistic and recommended that counselors give clients an accurate description so group members can make more decisions upon their involvement in group counseling. According to the AACD *Ethical Standards* (1981), "In a group counseling setting, the counselor must set a norm of confidentiality regarding all group participants' disclosures" (Sec. B:2). Hummel, Talbutt, and Alexander (1985) offered the following practical recommendations for counselors regarding group counseling and confidentiality:

1. Counselors should discuss "confidentiality" with the group in terms of the member's role and the counselor's role. This

discussion could take place in both prescreening and early sessions.

2. Counselors should continue to remind the group about confidentiality throughout group sessions.
3. Counselors should remind the group to maintain confidentiality even when the group ceases to meet.
4. Counselors might have clients enter into an agreement regarding group confidentiality. The agreement could spell out actions when confidentiality is not maintained.
5. Counselors might discuss certain state or federal laws significant to the interest of the group. For example, in drug counseling, counselors might discuss certain laws in early session so clients know both the laws and risks involved in group counseling.
6. Counselors should encourage group members to confront other members not following standards of confidentiality. Such discussions should be handled within the group. (p. 63)

Counselors should maintain confidentiality in working with minors, but they should be prepared for more pressures from parents, teachers, agency personnel, school personnel, and others. In a study comparing attitudes regarding the practice of confidentiality with elementary, middle, and secondary school counselors, Wagner (1981) found that counselors are less likely to maintain confidentiality for younger clients. Zingaro (1983) reported three situations in which counselors must break confidentiality: when the courts request it, when the client makes the request, or when the client or others are in danger. Wagner (1981) suggested that when counselors need to involve parents, the counseling sessions should shift from child counseling to family counseling.

Following the discussion on confidentiality, it is important to focus on the term "privileged communication." Privileged communication exists for counselors in a number of states meaning that certain state legislative bodies have passed laws excluding counselors from testifying about confidential information in a court of law. Historically, privileged communication only existed for husband-wife and attorney-client relationships. Legislation has expanded privileged communication to clergy,

doctors, psychologists, counselors, and others. Generally, the courts have held that unless a specific law grants privileged communication, the court will not expand that right to the professional. Counselors working in states without such legislation would be well advised to lobby for legislation granting them privileged communication.

Counselors should remember that they do not possess absolute privileged communication even when state legislation grants it. Counselors, at best, only possess conditional privileged communication, meaning that certain conditions must exist for the privilege to be granted. Marsh and Kinnick (1970) explained that conditional privileged communication means the courts will determine if absence of "malice, fair comment, and official status exist" (p. 363). Simply, privileged communication could be lost under certain circumstances.

1. Counselors should not act in a malicious manner. To do so could result in the privilege being lost.
2. Counselors must act and speak fairly and justly; to act otherwise could result in the privilege being lost.
3. Counselors are reminded that the privilege only exists when they are serving in an official capacity.

In discussing absolute privileged communication, Marsh and Kinnick (1970) explained that absolute privilege requires no conditions, but pointed out that it only exists for legislative and judicial personnel acting in an official capacity.

Privileged communication laws for counselors have increased in recent years. For example, Litwack (1975, pp. 194-5) determined that 12 states offered privileged communication to school counselors in 1975 compared to 2 states in 1968. Denkowski and Denkowski (1982, p. 372) reported that 20 states had privileged communication for school counselors in 1983. Counselors should be warned that state laws vary. Some laws include teachers, school counselors, licensed professional counselors, clerical staff for counseling offices, and others whereas other state laws limit the statute to only one or two professionals. State laws differ in other respects too. Laws may grant privileged communication in civil cases, criminal cases, or both. Other laws exclude child abuse matters, leave the decision to the judge, or state other limitations. Hummel, Talbutt, and Alexander (1985) prepared a list of questions for counselors to use in evaluating the status of their state's statute.

Does the state in which you are employed have a specific law granting privileged communication to counselors? If not, counselors would likely be required to testify in a court of law.

Does the law name school counselors, clerical staff who manage records, psychologists, licensed professional counselors, social workers, or others?

Does the law grant the privilege in civil cases, criminal cases, or both?

Does the state law list exceptions such as child abuse matters, or matters when a client's mental health is an issue?

Does the law state that the court may waive the privilege when it deems the professional's testimony necessary for fairness and justice? (p. 57)

Recent court rulings have emphasized that privileged communication rights do not apply when doctors and psychotherapists have a duty to warn. *Tarasoff* (1974) cited earlier in this chapter also addresses the issue of privacy. The court explained "The protective privilege ends where the public peril begins" (p. 561). In situations where the client is a threat to self or others, the counselor must inform the person in danger and/or the proper authorities.

Child abuse is another area in which counselors have reporting responsibilities. Cambin and Prout (1983) reported that all states and the District of Columbia have mandatory reporting laws for child abuse. They also reported that all states and the District of Columbia grant immunity from civil or criminal liability to those making the reports. This means that if a person is acting in good faith and does not act with malicious intent, but makes an honest mistake, the reporter would be excluded from liability.

Here again, state laws vary. Different types of professionals are named in various laws. School personnel are often named with teachers, counselors, and administrators specifically mentioned in some states. Whether or not counselors are named by law, child abuse is an area in which they have moral and ethical responsibilities. Some state laws even declare that educators may face misdemeanor charges, liability damages, or be fined for failure to report. Shanas (1975) found that teachers in

New York City may be guilty of a misdemeanor and civil liability damages. Hummel, Talbutt, and Alexander (1985) reported that Virginia law makes school personnel subject to a fine for failure to report child abuse.

A section from the American School Counselor Association "Position Statements" (1983, pp. 1-2) on child abuse (adapted January 1981) provides some guidelines for school counselors regarding what and how to report child abuse. School counselors suspecting child abuse should report the following data to the appropriate personnel:

1. Name and address of child and parent (or guardian).
2. Child's sex.
3. Nature and extent of the child's injuries, abuse or neglect.
4. Any evidence of prior injuries, abuse or neglect.
5. Action, if any, taken to treat, shelter or assist the child.
6. Name of the person or persons making the report.
7. Other pertinent information . . .

Sample procedures also were given for counselors suspecting child abuse.

1. Any school counselor who suspects that a child has been abused shall report this as soon as possible to the principal (designee) on the day of observation.
2. The principal (designee) will review the report and school information with appropriate staff members within two days of the referral; reasonable cause must be determined before informing the appropriate referral agency.
3. The school principal or designee shall call the appropriate referral agency.
 - a. You may request that the agency case worker maintain contact with a specific school staff member.

- b. You may ask that the specific identity of the reporter remain confidential (instead, the referral agency, if asked, would state that the referral came from the....School Department).
4. Within two working days, the school principal or designee shall submit a written report to the appropriate agency....
5. If the appropriate agency does not respond to your report within 60 days, you are to refile the report. However, if no response, contact will be made within 20 days of the original notification.

Privileged communication is an important legal right for counselors; however, this section has illustrated that when such rights extend to counselors they are not absolute. Additionally, counselors are likely to have the right only if legislation grants it. Besides these limitations, counselors often have responsibilities beyond that of their clients. In child abuse cases and in situations of danger to the client(s) or others, counselors have ethical and legal responsibilities to report confidential information.

CIVIC LIABILITY

Historically, more malpractice suits have been against physicians and psychiatrists than counselors. As was indicated earlier in this chapter, that trend may change. A number of situations exist in which counselors might face civil liability. Litigation falls into two general categories, *common tort* and *constitutional*. The constitutional rights of all citizens are important and should not be violated by counselors whether the client is a minor, student, or adult. Because most litigation against counselors and psychologists has been under the common tort classification, this discussion will be limited to that category. Counselors may be sued for harming clients due to improper care or lack of care.

Corey, Corey, and Callahan (1984) defined civil liability as meaning "A person can be sued for not doing right or for doing wrong" (p. 229). They also wrote: "Unless counselors take due care and act in good faith, they are liable to a civil suit for failing to do their duties as provided by law" (p. 229).

Common tort is applicable to counselors and other professionals whether they are in private practice or public settings such as schools or agencies. Hummel, Talbutt, and Alexander (1985) explained that tort means:

that each individual has a legal and social obligation to protect other individuals in society. If one person breaches or twists the relationship and someone is injured, then the injured party may sue and be compensated for the injury (p. 68).

Three types of common torts exist: *intentional interference*, *strict liability*, and *negligence*. Hummel, Talbutt, and Alexander (1985) defined the terms in the following manner.

Intentional Interference. An individual may be liable where the act was intentional and resulted in injury. the intentional act may be malicious or no more than a good-natured joke. The basic premise is that one acts and knowingly continues to act and injury is sustained by a party An example is corporal punishment where a child is paddled and is injured in the process.

Strict Liability. When an injury occurs from an act that was not intentional and did not involve negligence, fault is imposed because someone must be held responsible . . . applies when someone is injured as a result of the creation of a dangerous situation. Few such cases are found in the area of the helping professions. Because most professionals do not create dangerous situations . . .

Negligence . . . an act of negligence is . . . one [situation] in which a reasonable man could have anticipated the harmful results . . . (p. 69)

Generally, the professional literature explains that four elements must be present for negligence to exist. Alexander, Corns, and McCann (1969) identified the four elements.

1. A *duty* on the part of the actor to protect others;
2. A *failure* on the part of the actor to exercise an appropriate standard of care;
3. The act must be the *proximate* cause or legal cause of the injury;
4. An *injury*, causing damage or loss, must exist. (p. 695)

Counselors have a duty to clients by the nature of the professional relationship. When a client suffers injury due to a counselor's improper action or lack of action, *negligence* may occur. Several authors have identified danger areas or situations which could lead to litigation against

counselors. Talbutt and Hummel (1982) identified four broad danger areas:

- 1 . falling below conduct appropriate to one's profession;
- 2 . failing to warn or take action when someone is in danger;
- 3 . taking advantage of the counseling relationship for personal gain; and
- 4 . advising beyond one's skill and training. (p. 8)

The results from several court cases will be utilized to illustrate the four previous categories described as potential danger areas for counselors.

First, a 1960 negligence court case involving a counselor in a college setting illustrates action brought against a counselor. The case addresses appropriate professional conduct, and, even though the case was settled in favor of the counselor, it illustrates that those in the helping profession can face litigation. In *Bogust v. Iverson* (1960), the parents of Jeannie Bogust, who had committed suicide, brought action against the counselor (located in a college setting), claiming three counts of negligence. The parents charged that the counselor failed to get psychiatric assistance for their daughter, that the counselor failed to advise them of their daughter's condition, and that the counselor had failed to "provide proper student guidance" (p. 229). The counselor in question was in charge of the counseling and testing center. The counselor saw Bogust professionally for about five months. Jeannie Bogust committed suicide six weeks after she had stopped seeing the counselor. The court ruled in favor of the counselor and determined that the counselor, a professor of education with a Ph.D. degree, was not trained in medicine or psychiatry and could not be held liable for a standard of conduct beyond his training and knowledge. The court concluded:

But there is no allegation of fact that would have appraised the defendant, as a reasonably prudent man, that she had such tendencies. (p. 230)

... Even assuming he had secured psychiatric treatment for Jeannie or that he had advised her parents of her emotional condition or that he had not suggested termination of the interviews—it would require speculation for a jury to conclude that under such circumstances she would not have taken her life. (p. 233)

In reviewing the case, Burgum and Anderson (1975) explained, "The parents would have to show that a person with the background and

training of the average counselor 'should have known' that Jeannie was going to commit suicide before he could be held liable" (p. 31). However, they believe that counselors today would probably not "get off this easily" (p. 31). Van Hoose and Kottler (1978) agreed and concluded "A failure to take some direct precautions with a potential suicide would almost certainly be ruled negligent in today's legal climate" (pp. 99-100).

The second category, failure to warn or take appropriate action, is another area in which counselors could face litigation. In *Tarasoff v. Regents of the University of California* discussed earlier in this chapter, illustrates that a physician or psychotherapist may be liable for failure to warn a client or others of danger or harm. In a more recent case, *McIntosh v. Milano* (1979), a New Jersey case, ruled that "a psychiatrist may have a duty to take whatever steps are reasonably necessary to protect an intended or potential victim" (p. 500). The court also stated "confidentiality cannot be considered absolute or decisive" (p. 512). In this situation, the client told his therapist that he would like to see Kimberly (a young lady he knew) suffer and even showed a knife to the psychiatrist. The therapist told the parent of the client but never Kimberly or her parents. Just as in *Tarasoff*, one can conclude that the intended victim or her parents should have been notified. Both *Tarasoff* and *McIntosh* cases focus on psychiatrists and their duty to warn. Counselors can assume that they have a similar duty to warn the person(s) in danger.

The third category identified as a potentially dangerous area for counselors is taking advantage of the client-counselor relationship for personal gain. Several court cases illustrate that counselors should never use their professional relationship for personal gain. In *Zipkin v. Freeman* (1968), a psychiatrist was found guilty of mishandling the transference phenomenon and the client was awarded damages. In that case, the psychiatrist directed the patient to move into his apartment over his office, entered into a personal relationship with her, and urged her to invest money in his farm. The court found the psychiatrist guilty of professional negligence.

In *Doe v. Roe and Poe* (1977), a former patient of a psychiatrist brought tort action against her psychiatrist for invading her privacy by publishing a book which revealed her personal thoughts and feelings. The patient's former husband coauthored the book and also was named in the charges. The Supreme Court of New York found for the plaintiff and offered the following reasoning:

... a physician who enters into an agreement with a patient to provide medical attention impliedly covenants to keep in confidence all disclosures made by the patient concerning the patient's physical or mental condition as well as all matters discovered by the physician in the course of examination or treatment... (p. 668)

The implication for counselors is that professionals should not take advantage of the client relationship for personal gain.

In *Roy v. Hartogs* (1976), the court ruled that the failure to follow "acceptable standards of treatment of the mentally disturbed" can lead to malpractice (p. 590). In this case, the psychiatrist prescribed sexual intercourse as part of the therapy for his client and charged the client a fee. The court cited the position of the American Psychiatric Association which abjures such treatment. This court action illustrates the importance of following one's professional standards. As pointed out earlier in this chapter, counselors who follow acceptable professional standards are less likely to face legal problems than those who do not.

The *Ethical Principles of Psychologists* (1981) illustrate the extent to which psychologists should be aware of their client responsibilities.

Principle 6: a. Psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends, or relatives. Sexual intimacies with clients are unethical.

Likewise, the *Ethical Standards* (1981) makes it clear that the counseling relationship is for the benefit of the client, not to meet the personal needs of the counselor.

Section A: 8. In the counseling relationship the counselor is aware of the intimacy of the relationship and maintains respect for the client and avoids engaging in activities that seek to meet the counselor's personal needs at the expense of that client. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the counselor guards the individual rights and personal dignity of the client in the counseling relationship. (AACD, 1981)

The fourth area in which counselors might face legal problems is going beyond their skill and training to treat clients. An older court case illustrates the harm which can be done when educators go beyond their skill and training. Even though this court case deals with teachers, the same holds true for counselors. *Guerrieri v. Tyson* (1942) is a case involving three school teachers who went beyond their skill and training by treating a student's infected finger by placing his hand in boiling water, resulting in permanent disfigurement of the student's hand. The Pennsylvania Superior Court found the teachers liable in this situation because they went beyond their area of training into another field. Burgum and Anderson (1975, p. 35) warned counselors that they are responsible for referring clients to another professional when the problem is beyond their skill and training. Court rulings and the *Ethical Standards* make it clear that counselors should not go beyond their skill and training. In Section B.10 of *Ethical Standards* (1981) is stated:

If the member determines an inability to be of professional assistance to the client, the member must either avoid initiating the counseling relationship or immediately terminate that relationship. In either event, the member must suggest appropriate alternatives.

The following questions should be posed by counselors to help them summarize their thoughts. Counselors then should be better prepared to avoid certain problems and should be more aware of times when they might need the advice of another professional.

- In what areas are counselors likely to face litigation?
- Can counselors be liable if they act professionally and the client still harms self or others?
- To what extent are counselors responsible for client problems which go beyond their skill and training?
- Under what circumstance might relationships with clients be regarded as unprofessional?
- Might counselors be liable if they use new techniques in counseling which are not approved by the professional associations?

SUMMARY AND CONCLUSIONS

In this chapter has been presented three major topics regarding legal and ethical issues: ethical standards, confidentiality and privileged communication, and civil liability. In conclusion, this chapter provides some summary guidelines for counselors.

1. Counselors should keep up with all changes in the ethical standards and should follow the standards because the codes are the norms for acceptable professional behavior. The limitations of and conflicts within the standards should be weighed against the positive directions provided.
2. Counselors who follow their professional standards are less likely to get into legal difficulties.
3. Counselors should view legal and ethical issues as an important part of their background and training. Continual efforts should be made to keep up with changes as they occur.
4. Counselors are employed in a variety of settings and utilize varied techniques and procedures. They should evaluate their situation in terms of the importance of obtaining liability insurance.
5. Privileged communication has been defined as a legal right whereas confidentiality is a professional obligation. Counselors should maintain confidentiality in both individual and group counseling. Counselors should be aware of the times in which it is necessary or acceptable to reveal confidential information.
6. Counselors should be well acquainted with privileged communication laws within their states of employment. Counselors working in states without such statutes should lobby through professional associations for the passage of acceptable state legislation.
7. Counselors should be aware of the special problems of confidentiality in group counseling and should inform groups of the limitations. The *Ethical Standards* (1981) address the

importance of confidentiality in individual and group counseling.

Section B: 1. The member's *primary* obligation is to respect the integrity and promote the welfare of the client(s), whether the client(s) is (are) assisted individually or in a group relationship. In a group setting, the member is also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group. (AACD, 1981)

8. Counselors should be aware of the obligations placed on them in the special client-counselor relationship. At no time should they take advantage of clients for financial, sexual, or other reasons.
9. Counselors have an obligation to refer clients when the problems go beyond the counselor's knowledge and training skills.
10. Counselors should maintain professional standards of conduct appropriate to their background and training. In the *Ethical Standards* (1981) are discussed professional responsibility:

Section A: 7. With regard to the delivery of professional services, member should accept only those positions for which they are professionally qualified. (AACD, 1981)

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APPENDIX

Ethical Standards

ETHICAL STANDARDS

American Association for Counseling and Development

(Approved by Executive Committee upon referral of the
Board of Directors, January 17, 1981).

PREAMBLE

The Association is an educational, scientific, and professional organization whose members are dedicated to the enhancement of the worth, dignity, potential, and uniqueness of each individual and thus to the service of society.

The Association recognizes that the role definitions and work settings of its members include a wide variety of academic disciplines, levels of academic preparation and agency services. This diversity reflects the breadth of the Association's interest and influence. It also poses challenging complexities in efforts to set standards for the performance of members, desired requisite preparation or practice, and supporting social, legal, and ethical controls.

The specification of ethical standards enables the Association to clarify to present and future members and to those served by members, the nature of ethical responsibilities held in common by its members.

The existence of such standards serves to stimulate greater concern by members for their own professional functioning and for the conduct of fellow professionals such as counselors, guidance and student personnel workers, and others in the helping professions. As the ethical code of the Association, this document establishes principles that define the ethical behavior of Association members.

Section A: General

1. The member influences the development of the profession by continuous efforts to improve professional practices, teaching, services, and research. Professional growth is continuous throughout the member's career and is exemplified by the development of a philosophy that explains why and how a member functions in the helping relationship. Members must gather data on their effectiveness and be guided by the findings.

2. The member has a responsibility both to the individual who is served and to the institution within which the service is performed to maintain high standards of professional conduct. The member strives to maintain the highest levels of professional services offered to the individuals to be served. The member also strives to assist the agency, organization, or institution in providing the highest caliber of professional services. The acceptance of employment in an institution implies that the member is in agreement with the general

policies and principles of the institution. Therefore the professional activities of the member are also in accord with the objectives of the institution. If, despite concerned efforts, the member cannot reach agreement with the employer as to acceptable standards of conduct that allow for changes in institutional policy conducive to the positive growth and development of clients, then terminating the affiliation should be seriously considered.

3. Ethical behavior among professional associates, both members and nonmembers, must be expected at all times. When information is possessed that raises doubt as to the ethical behavior of professional colleagues, whether Association members or not, the member must take action to attempt to rectify such a condition. Such action shall use the institution's channels first and then use procedures established by the state Branch, Division, or Association.

4. The member neither claims nor implies professional qualifications exceeding those possessed and is responsible for correcting any misrepresentations of these qualifications by others.

5. In establishing fees for professional counseling services, members must consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance must be provided in finding comparable services of acceptable cost.

6. When members provide information to the public or to subordinates, peers or supervisors, they have a responsibility to ensure that the content is general, unidentified client information that is accurate, unbiased, and consists of objective, factual data.

7. With regard to the delivery of professional services, members should accept only those positions for which they are professionally qualified.

8. In the counseling relationship the counselor is aware of the intimacy of the relationship and maintains respect for the client and avoids engaging in activities that seek to meet the counselor's personal needs at the expense of that client. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the counselor guards the individual rights and personal dignity of the client in the counseling relationship.

Section B: Counseling Relationship

This section refers to practices and procedures of individual and/or group counseling relationships.

The member must recognize the need for client freedom of choice. Under those circumstances where this is not possible, the member must apprise clients of restrictions that may limit their freedom of choice.

1. The member's *primary* obligation is to respect the integrity and promote the welfare of the client(s), whether the client(s) is (are) assisted individually or in a group setting, the

member is also responsible for taking reasonable precautions to protect individuals from physical and/or psychological trauma resulting from interaction within the group.

2. The counseling relationship and information resulting therefrom be kept confidential, consistent with the obligations of the member as a professional person. In a group counseling setting, the counselor must set a norm of confidentiality regarding all group participants' disclosures.

3. If an individual is already in a counseling relationship with another professional person, the member does not enter into a counseling relationship without first contacting and receiving the approval of that other professional. If the member discovers that the client is in another counseling relationship after the counseling relationship begins, the member must gain the consent of the other professional or terminate the relationship, unless the client elects to terminate the other relationship.

4. When the client's condition indicates that there is clear and imminent danger to the client or others, the member must take reasonable personal action or inform responsible authorities. Consultation with other professionals must be used where possible. The assumption of responsibility for the client(s) behavior must be taken only after careful deliberation. The client must be involved in the resumption of responsibility as quickly as possible.

5. Records of the counseling relationship, including interview notes, test data, correspondence, tape recordings, and other documents, are to be considered professional information for use in counseling and they should not be considered a part of the records of the institution or agency in which the counselor is employed unless specified by state statute or regulation. Revelation to others of counseling material must occur only upon the expressed consent of the client.

6. Use of data derived from a counseling relationship for purposes of counselor training or research shall be confined to content that can be disguised to ensure full protection of the identity of the subject client.

7. The member must inform the client of the purposes, goals, techniques, rules of procedure and limitations that may affect the relationship at or before the time that the counseling relationship is entered.

8. The member must screen prospective group participants, especially when the emphasis is on self-understanding and growth through self-disclosure. The member must maintain an awareness of the group participants' compatibility throughout the life of the group.

9. The member may choose to consult with any other professionally competent person about a client. In choosing a consultant, the member must avoid placing the consultant in a conflict of interest situation that would preclude the consultant's being a proper party to the member's efforts to help the client.

10. If the member determines an inability to be of professional assistance to the client, the member must either avoid initiating the counseling relationship or immediately terminate that relationship. In either event, the member must suggest appropriate alternatives.

11. When the member has other relationships, particularly of an administrative, supervisory and/or evaluative nature with an individual seeking counseling services, the member must not serve as the counselor but should refer the individual to another professional. Only in instances where such an alternative is unavailable and where the individual's situation warrants counseling intervention should the member enter into and/or maintain a counseling relationship. Dual relationships with clients that might impair the member's objectivity and professional judgment (e.g., as with close friends or relatives, sexual intimacies with any client) must be avoided and/or the counseling relationship terminated through referral to another competent professional.

12. All experimental methods of treatment must be clearly indicated to prospective recipients and safety precautions are to be adhered to by the member.

13. When the member is engaged in short-term group treatment/training programs (e.g., marathons and other encounter-type or growth groups), the member ensures that there is professional assistance available during and following the group experience.

14. Should the member be engaged in a work setting that calls for any variation from the above statements, the member is obligated to consult with other professionals whenever possible to consider justifiable alternatives.

Section C: Measurement and Evaluation

The primary purpose of educational and psychological testing is to provide descriptive measures that are objective and interpretable in either comparative or absolute terms. The member must recognize the need to interpret the statements that follow as applying to the whole range of appraisal techniques including test and non-test data. Test results constitute only one of a variety of pertinent sources of information for personnel, guidance, and counseling decisions.

1. The member must provide specific orientation or information to the examinee(s) prior to and following the test administration so that the results of testing may be placed in proper perspective with other relevant factors. In so doing, the member must recognize the effects of socioeconomic, ethnic and cultural factors on test scores. It is the member's professional responsibility to use additional unvalidated information carefully in modifying interpretation of the test results.

2. In selecting tests for use in a given situation with a particular client, the member must consider carefully the specific validity, reliability, and appropriateness of the test(s). General validity, reliability and the like may be questioned legally as well as ethically when tests are used for vocational and educational selection, placement, or counseling.

3. When making any statements to the public about tests and testing, the member must give accurate information and avoid false claims or misconceptions. Special efforts are often required to avoid unwarranted connotations of such terms as *IQ* and *grade equivalent scores*.

4. Different tests demand different levels of competence for administration, scoring, and interpretation. Members must recognize the limits of their competence and perform only those functions for which they are prepared.

5. Tests must be administered under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions must be noted and the results designated as invalid or of questionable validity. Unsupervised or inadequately supervised test-taking, such as the use of tests through the mails, is considered unethical. On the other hand, the use of instruments that are so designed or standardized to be self-administered and self-scored, such as interest inventories, is to be encouraged.

6. The meaningfulness of test results used in personnel, guidance, and counseling functions generally depends on the examinee's unfamiliarity with the specific items on the test. Any prior coaching or dissemination of the test materials can invalidate test results. Therefore, test security is one of the professional obligations of the member. Conditions that produce most favorable test results must be made known to the examinee.

7. The purpose of testing and the explicit use of the results must be made known to the examinee prior to testing. The counselor must ensure that instrument limitations are not exceeded and that periodic review and/or retesting are made to prevent client stereotyping.

8. The examinee's welfare and explicit prior understanding must be the criteria for determining the recipients of the test results. The member must see that specific interpretation accompanies any release of individual or group test data. The interpretation of test data must be related to the examinee's particular concerns.

9. The member must be cautious when interpreting the results of research instruments possessing insufficient technical data. The specific purposes for the use of such instruments must be stated explicitly to examinees.

10. The member must proceed with caution when attempting to evaluate and interpret the performance of minority group members or other persons who are not represented in the norm group on which the instrument was standardized.

11. The member must guard against the appropriation, reproduction, or modifications of published tests or parts thereof without acknowledgement and permission from the previous publisher.

12. Regarding the preparation, publication and distribution of tests, reference should be made to:

- a. *Standards for Educational and Psychological Tests and Manuals*, revised edition, 1974 published by the American Psychological Association on behalf of itself, the American Educational Research Association and the National Council on Measurement in Education.
- b. The responsible use of tests: A position paper of AMEG, APGA, and NCME. *Measurement and Evaluation in Guidance*, 1972, 5, 385-388.
- c. "Responsibilities of Users of Standardized Tests," APGA, *Guidepost*, October 5, 1978, pp. 5-8.

Section D: Research and Publication

1. Guidelines on research with human subjects shall be adhered to, such as:
 - a. *Ethical Principles in the Conduct of Research with Human Participants*, Washington, D.C.: American Psychological Association, Inc., 1973.
 - b. Code of Federal Regulations, Title 45, Subtitle A, Part 46, as currently issued.
2. In planning any research activity dealing with human subjects, the member must be aware of and responsive to all pertinent ethical principles and ensure that the research problem, design, and execution are in full compliance with them.
3. Responsibility for ethical research practice lies with the principal researcher, while others involved in the research activities share ethical obligation and full responsibility for their own actions.
4. In research with human subjects, researchers are responsible for the subjects' welfare throughout the experiment and they must take all reasonable precautions to avoid causing injurious psychological, physical, or social effects on their subjects.
5. All research subjects must be informed of the purpose of the study except when withholding information or providing misinformation to them is essential to the investigation. In such research the member must be responsible for corrective action as soon as possible following completion of the research.
6. Participation in research must be voluntary, involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.
7. When reporting research results, explicit mention must be made of all variables and conditions known to the investigator that might affect the outcome of the investigation or the interpretation of the data.
8. The member must be responsible for conducting and reporting investigations in a manner that minimizes the possibility that results will be misleading.
9. The member has an obligation to make available sufficient original research data to qualified others who may wish to replicate the study.
10. When supplying data, aiding in the research of another person, reporting research results, or in making original data available, due care must be taken to disguise the identity of the subjects in the absence of specific authorization from such subjects to do otherwise.
11. When conducting and reporting research, the member must be familiar with, and give recognition to, previous work on the topic, as well as to observe all copyright laws and follow the principles of giving full credit to all to whom credit is due.

12. The member must give due credit through joint authorship, acknowledgement, footnote statements, or other appropriate means to those who have contributed significantly to the research and/or publication, in accordance with such contributions.

13. The member must communicate to other members the results of any research judged to be of professional or scientific value. Results reflecting unfavorably on institutions, programs, services, or vested interests must not be withheld for such reasons.

14. If members agree to cooperate with another individual in research and/or publication, they incur an obligation to cooperate as promised in terms of punctuality of performance and with full regard to the completeness and accuracy of the information required.

15. Ethical practice requires that authors not submit the same manuscript or one essentially similar in content, for simultaneous publication consideration by two more journals. In addition, manuscripts published in whole or in substantial part, in another journal or published work should not be submitted for publication without acknowledgement and permission from the previous publication.

Section E: Consulting

Consultation refers to a voluntary relationship between a professional helper and help-needing individual group or social unit in which the consultant is providing help to the client(s) in defining and solving a work-related problem or potential problem with a client or client system. (This definition is adapted from Kurpius, DeWayne. Consultation theory and process: An integrated model. *Personnel and Guidance Journal*, 1978, 56.

1. The member acting as consultant must have a high degree of self-awareness of his/her own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves human and/or organizational change and that the focus of the relationship be on the issue to be resolved and not on the person(s) presenting the problem.

2. There must be understanding and agreement between member and client for the problem definition, change goals, and predicated consequences of interventions selected.

3. The member must be reasonably certain that she/he or the organization represented has the necessary competencies and resources for giving the kind of help that is needed now or may develop later and that appropriate referral resources are available to the consultant.

4. The consulting relationship must be one in which client adaptability and growth toward self-direction are encouraged and cultivated. The member must maintain this role consistently and not become a decision maker for the client or create a future dependency on the consultant.

5. When announcing consultant availability for services, the member conscientiously adheres to the Association's *Ethical Standards*.

6. The member must refuse a private fee or other remuneration for consultation with persons who are entitled to these services through the member's employing institution or

agency. The policies of a particular agency may make explicit provisions for private practice with agency clients by members of its staff. In such instances, the clients must be apprised of other options open to them should they seek private counseling services.

Section F: Private Practice

1. The member should assist the profession by facilitating the availability of counseling services in private as well as public settings.

2. In advertising services as a private practitioner, the member must advertise the services in such a manner so as to accurately inform the public as to services, expertise, profession, and techniques of counseling in a professional manner. A member who assumes an executive leadership role in the organization shall not permit his/her name to be used in professional notices during periods when not actively engaged in the private practice of counseling.

The member may list the following: highest relevant degree, type and level of certification or license, type and/or description of services, and other relevant information. Such information must not contain false, inaccurate, misleading, partial, out-of-context, or deceptive material or statements.

3. Members may join in partnership/corporation with other members and/or other professionals provided that each member of the partnership or corporation makes clear the separate specialties by name in compliance with the regulations of the locality.

4. A member has an obligation to withdraw from a counseling relationship if it is believed that employment will result in violation of the *Ethical Standards*. If the mental or physical condition of the member renders it difficult to carry out an effective professional relationship or if the member is discharged by the client because the counseling relationship is no longer productive for the client, then the member is obligated to terminate the counseling relationship.

5. A member must adhere to the regulations for private practice of the locality where the services are offered.

6. It is unethical to use one's institutional affiliation to recruit clients for one's private practice.

Section G: Personnel Administration

It is recognized that most members are employed in public or quasi-public institutions. The functioning of a member within an institution must contribute to the goals of the institution and vice versa if either is to accomplish their respective goals or objectives. It is therefore essential that the member and the institution function in ways to (a) make the institution's goals explicit and public; (b) make the member's contribution to institutional goals specific; and (c) foster mutual accountability for goal achievement.

To accomplish these objectives, it is recognized that the member and the employer must share responsibilities in the formulation and implementation of personnel policies.

1. Members must define and describe the parameters and levels of their professional competency.
2. Members must establish interpersonal relations and working agreements with supervisors and subordinates regarding counseling or clinical relationships, confidentiality, distinction between public and private material, maintenance, and dissemination of recorded information, work load and accountability. Working agreements in each instance must be specified and made known to those concerned.
3. Members must alert their employers to conditions that may be potentially disruptive or damaging.
4. Members must inform employers of conditions that may limit their effectiveness.
5. Members must submit regularly to professional review and evaluation.
6. Members must be responsible for in-service development of self and/or staff.
7. Members must inform their staff of goals and programs.
8. Members must provide personnel practices that guarantee and enhance the rights and welfare of each recipient of their service.
9. Members must select competent persons and assign responsibilities compatible with their skills and experiences.

Section H: Preparation Standards

Members who are responsible for training others must be guided by the preparation standards of the Association and relevant Division(s). The member who functions in the capacity of trainer assumes unique ethical responsibilities that frequently go beyond that of the member who does not function in a training capacity. These ethical responsibilities are outlined as follows:

1. Members must orient students to program expectations, basic skills development, and employment prospects prior to admission to the program.
2. Members in charge of learning experiences must establish programs that integrate academic study and supervised practice.
3. Members must establish a program directed toward developing students' skills, knowledge, and self-understanding, stated whenever possible in competency or performance terms.

4. Members must identify the levels of competencies of their students in compliance with relevant Division standards. These competencies must accommodate the para-professional as well as the professional.
5. Members, through continual student evaluation and appraisal, must be aware of the personal limitations of the learner that might impede future performance. The instructor must not only assist the learner in securing remedial assistance but also screen from the program those individuals who are unable to provide competent services.
6. Members must provide a program that includes training in research commensurate with levels of role functioning. Para-professional and technician-level personnel must be trained as consumers of research. In addition, these personnel must learn how to evaluate their own and their program's effectiveness. Graduate training, especially at the doctoral level, would include preparation for original research by the member.
7. Members must make students aware of the ethical responsibilities and standards of the profession.
8. Preparatory programs must encourage students to value the ideals of service to individuals and to society. In this regard, direct financial remuneration or lack thereof must not influence the quality of service rendered. Monetary considerations must not be allowed to overshadow professional and humanitarian needs.
9. Members responsible for educational programs must be skilled as teachers and practitioners.
10. Members must present thoroughly varied theoretical positions so that students may make comparisons and have the opportunity to select a position.
11. Members must develop clear policies within their educational institutions regarding field placement and the roles of the student and the instructor in such placements.
12. Members must ensure that forms of learning focusing on self-understanding or growth are voluntary, or if required as part of the education program, are made known to prospective students prior to entering the program. When the education program offers a growth experience with an emphasis on self-disclosure or other relatively intimate or personal involvement, the member must have no administrative, supervisory, or evaluating authority regarding the participant.
13. Members must conduct an educational program in keeping with the current relevant guidelines of the Association and its Divisions.

INDEX

INDEX

A

- ABC theory of personality 59
- Acceptance 55
 - by society of special populations 202
- Accountability
 - counselor 40-1
- Accreditation 330-2
 - regional associations 330-1
- ACES-ASCA committee 104
- ACES-ASCA Joint Committee on the Elementary School Counselor 132
- Ackerman, N 256, 268, 276
- Active listening 55
- Adkins, L. 108, 132
- Adler, Alfred 53-4
- Adlerian approach 126
- Adlerian-based model 111-3
- Adlerian therapy 53-5
 - four stages 54
 - strengths 54
- Adults
 - handicapped 209
- Advisor 299
- Advocate 299
- Aged 26
- Agencies
 - public 283-5
 - quasi-public 283-5
- Agency programs 287
- AIDS 38
- Al-Anon 311
- Alateen 40, 311
- Alcoholics Anonymous (AA) 40, 310-1
- Alexander, D. 349, 365
- Alexander, K. 358, 365
- Alexander, M. 346, 351, 352, 354, 356, 358, 365
- Alloplastic 207
- Alpert, D. 244, 251
- Alpert, J. 129, 132
- Alvis, M.J. 154
- Alzheimer's Disease and Related Disorders Association (ADRDA) 303
- American Association for Adult Education 10
- American Association for Counseling and Development (AACD) 17, 36, 233, 327, 328, 346
- American Association for Marriage and Family Therapy (AAMFT) 273, 347
- American Association of Retired Persons (AARP) 318
- American Cancer Society (ACS) 303
- American College Personnel Association (ACPA) 15, 17
- American Council on Education (ACE) 15
- American Diabetes Association (ADA) 303
- American Heart Association (AHA) 303-4
- American Legion Education Program 154
- American Lung Association (ALA) 304
- American Mental Health Counselors Association (AMHCA) 17
- American Personnel and Guidance Association 17, 132
- American Psychiatric Association 347
- American Psychological Association (APA) 132, 233, 327, 331, 347
 - Division 17, for Counseling and Guidance 17
- American Red Cross (ARC) 304
- American Rehabilitation Counseling Association (ARCA) 17
- American School Counselor Association (ASCA) 14, 17, 39, 132, 290, 295, 356, 365
- Anderson, G.R. 89, 99
- Anderson, J.K. 330, 340
- Anderson, S. 359, 362, 365
- Annals of America* 45
- Anthony, R. 155
- Apanaitis, B.E. 326, 340
- Application of consultation
 - in business and industry 123-4
 - in educational enterprise 125-6
 - in mental health 124-5
- Appraisal
 - approaches to 77-87
 - appropriate use 74-7
 - categories 77
 - changes, continuing 98-9
 - integration 73-4

- nonstandardized 88-9
 - performance 97
 - planning 87-9
 - purposes of 71
 - services 71-99
 - settings for 89-97
 - Approaches
 - Adlerian-based consulting 111-3
 - behavioral consultation 113-5
 - experiential 272
 - nondirective 164
 - psychodynamic 268-70
 - strategic 271-2
 - structural 270
 - theoretical 110-18
 - to consulting 110-18
 - to obtain assistance for a client 280
 - trait-factor 164
 - Aptitudes 166
 - Army Alpha 9
 - Army Beta 9
 - Arnoff, F.N. 238-9, 251
 - Arthritis Foundation (The) (AF) 304
 - Articulation 217
 - Artistic 175
 - Aspirations 167-8
 - Assertive training 62
 - Assessment
 - of the client 265
 - of the family structure and functioning 265
 - Assessment center 96
 - Association for Children with Learning Disabilities (ACLD) 318-9
 - Association for Counselor Education and Supervision (ACES) 17, 132, 233
 - Association for Humanistic Education and Development (AHEAD) 17
 - Association for Measurement and Evaluation in Counseling and Development (AMECD) 17
 - Association for Multicultural Counseling and Development (AMCD) (formerly Association for Non-White Concerns in Personnel and Guidance) 17
 - Association for Religious and Value Issues in Counseling (ARVIC) 17
 - Association for Specialists in Group Work (ASGW) 17, 347, 365
 - Atkinson, D.R. 198, 201, 205, 206, 207, 216, 218, 222, 224
 - Aubrey, R.F. 25, 30, 45, 127, 132
 - Audio recording devices 236
 - Ausubel, F. 33, 45
 - Autobiographies 85
 - Autoplastic 207
 - Aversion techniques 62
 - Avila A.L. 224
 - Avila, D.L. 224
 - Awareness 217
 - Axelrad, S. 176, 192
- ## B
- Ball, R. 290, 295
 - Barnhill, L. 258, 276
 - Barry, R. 15, 17, 19
 - Bartos, R. 187, 192
 - Bateson, G. 256, 258, 276
 - Beavers, W.R. 257, 276
 - Beck, A.T. 62, 68, 239, 251
 - Beckwith, J. 33, 45
 - Bedford, James H. 12
 - Beezer, B. 285, 295
 - Behavior research specialties 7-8
 - Behavioral consultation approach 113-5
 - consultant's main task 114
 - critical component 114
 - Behavioral counseling
 - characteristics 61-2
 - Beliefs
 - client actively works 60
 - disputing irrational 60
 - irrational 58
 - Belkin, G.S. 222, 224
 - Bender, M. 251, 252
 - Benedict, R.C. 35, 36, 46
 - Benjamin, L. 44, 47
 - Bennis, W. 119, 132
 - Berdie, R.F. 324, 328, 340
 - Berensen, B. 63, 68
 - Bernknopf, S. 333, 340
 - Berstein, B. 108, 134
 - Bibliotherapy 60
 - Big Brothers/Big Sisters of America
 - 286, 311
 - Biggers, J. 108, 132
 - Biggs, D.A. 19
 - Bill of Right Act of 1975, PL 94-103
 - 203

Binet, Alfred 8
 Bingham, W.C. 211, 224
 Biofeedback 61
 Birth
 first 36
 control 26
 Birthright 304
Black issues in higher education 45
 Blackburn, J. 132
 Blacks 211-2
 stereotypes 212
 Blake, R. 104, 132
 Blaming 258
 Blaich, L.W. 330, 340
 Blum, Dorothy J. 20, 21
 Bodin A.M. 271, 277
 Bogust v. Iverson 359, 365
 Boller, J.D. 333, 340
 Bolles, R.N. 155
 Borow, H. x, 1, 2, 4, 15, 16, 19
 Boscolo, L. 271, 276
 Bowditch, J.L. 97, 99
 Bowen, M. 256, 269, 276
 Bradley, M.K. 22, 45
 Bradley, R.W. 233, 251
 Brammer, L.M. 214, 224, 333, 340
 Braswell, L. 86, 100
 Bray, D.W. 96, 99
 Brewer, J.M. 3, 4, 5, 15, 19
 Bronfenbrenner, U. 28, 45
 Brown, D. 104, 105, 112, 120, 132
 Brown, J.A. 225
 Brownston, D.M. 153
 Buckley Amendment 90
 Buono, A.F. 97, 99
 Bureau of the Census 45
 Burgum, T. 359, 362, 365
 Buros, O.K. 87, 99
 Business and industry 96-7, 123-4
 Butler, R. 213, 224
 Butt, M.G. 153

C

C group 112, 126
 components 112
 focuses 112-3
 Cairo, P.C. 238, 251

Callahan, P. 347, 356, 365
 Cambin, L.D. 355, 365
 Campbell, D.P. 167, 192
 Candlelighters Childhood Cancer Foundation 305
 Capelle, R. 120, 132
 Caplan, G. 105, 115, 132
 Caplan's Model 115
 Caplow, T. 325, 340
 Card-sorts 86
 Career 177-8
 definition 140
 Career development 163-92, 171-81
 definition 140
 dynamic factors influencing 164-8
 ethnic & racial minorities 188
 handicapped persons 188
 issues relating to 186-91
 occupationally displaced 188-9
 older persons 189-91
 preretirement planning 10
 theories 171-81
 trends 186-91
 women 186-7
 Career development programs
 users 184
 Career education 41
 Career guidance systems (CGS) 241
 Career information 137-58
 background 142-9
 definition 140
 early years 142
 evaluation 157-8
 expanded role 144
 importance 140-2
 national policy 144-6
 period of sophistication 142-4
 sources of 137-9
 Career Information Delivery System (CIDS) 145, 242
 Career information in counseling 149-52
 individual or group counseling 151-2
 sources 152-6
 using 149-52
 Career information systems (CIS) 241
 elements in a comprehensive 147-9
 Career opportunities 199-200
 Career Patterns 34-5
 Career Pattern Study 177
 Career planning models 181
 Carkhuff, R. 63, 68

- Carl Perkins Vocational Education Act 170-1
- Carlson, T.E. 169, 192
- Carson, J. 108, 110, 133
- Carter, E 259, 276
- Case study 265-8
- Cassidy, D.J. 154
- Catholic Charities 311-2
- Cattell, James McKeen 8
- Caucasoid 205
- Cavalieri, L.F. 33, 45
- Cecchin, G.E. 271, 276
- Certification
 - definition 334, 335
- Certified Clinical Mental Health Counselors 337
- Change 167
 - during the 80s 30-8
 - economic 21-45
 - factors 21-45
 - of the 60s and 70s 23-30
 - social 21-45
- Chapman, W. 139, 159
- Charner, I. 192
- Checklists 86
- Child abuse 356
- Child labor laws 6
- Children
 - handicapped 209
- China, ancient 3
- Christensen, O. 104, 132
- Christiani, T.S. 53, 68
- Churches 288
- Civic groups 287
- Civic liability 357-62
 - history 357
- Clarify 65
- Classification 72
- Client centered case consultation 115-6
- Client centered 55
- Client concerns
 - identifying 50
- Client 106
- Client's point of view 55
- Clifford, K.F. 208, 226
- Clyde, J.S. 238, 251
- Coates, T.J. 61, 69
- Cognitive-behavior therapy 62
- Cognitive homework 60
- Cognitive therapy 62
- Cogswell, J.F. 250, 251
- Colby, K. 239, 251
- Cole, C.G. 49, 50, 68, 278, 279
- Colgate, C. 153
- Collaborative model 117
- Collaborative work
 - examples 282-3
- Collaborative working 279-95
 - resources for 283-8
- College level counseling 14-6
- Colleges
 - community 285
 - four-year 285
- Colleges and Universities 91
- Common tort 358
 - intentional interference 358
 - negligence
 - strict liability 358
- Communication 258-9
- Communication patterns 272
- Communication, privileged 351-7
 - definition 351-2
 - laws 354
 - legislation 353
- Communication supervisor 299
- Communication, privileged
 - duty to warn 355
- Community Mental Health Centers (CMHC) 284, 312
- Community Mental Health Center Act 107, 124
- Community resources 297-321
 - availability 300-21
- Community-supported services 287
- Comprehensive Employment and Training Act (CETA) 169
- Computer
 - for the handicapped 245-6
 - futuristic perspectives 246-8
 - positive effects 238-40
- Computer applications 229-53
- Computer assisted counseling (CAC) 246
- Computer assisted career guidance (CACG) 238, 241, 247
- Computer assisted guidance (CAG) 93-4, 246
- Computer assisted instruction (CAI) 243, 246
- Computer assisted personal counseling (CAPC) 239
- Computer assisted testing and assessment (CATA) 238

- Computer-based career information
 - delivery system
 - Figure 146*
- Computers
 - capabilities 236-8
 - conclusions 249-50
 - mainframes 234-5
 - micros 234-5
 - minis 234-5
 - relationship with counselors,
 - Table 240*
- Conant, James B. 14
- Concurrent validity 75
- Conditions, environmental 181
- Confidentiality 351-7
 - bases for revealing 352
 - definition 352
 - recommendations 352-3
- Conformity 217
- Construct validity 75
- Consultant 106
 - in business and industry 123-4
 - in educational enterprise 125-6
 - in mental health 124-5
 - roles of 118-9
- Consultation 103-31, 222-3
 - acquiring skills for 109-10
 - administrative consultation 115-6
 - client-centered case 115-6
 - collaborative model 117
 - collaborative process 109
 - consultee-centered administrative
 - 116
 - consultee-centered case 116
 - definition 104-6
 - examples 103
 - four types 115
 - history of 106-8
 - influences in selection 120
 - mental health model 115-6
 - organization development consulting
 - 122-3
 - preparation for 108-10
 - process consulting 116-8
 - program-centered administrative 116
 - responsibilities of counselors 105
 - responsibility of 107
 - stage oriented concept 119-22
 - stages 120-2
 - strategies 122-6
 - strategies for continuing
 - development 110
 - time spent 103
 - trend 109
- Consultation and education (C&E)
 - service 124-5
- Consultee 106
- Consultee-centered administrative
 - consultation 116
- Consultee-centered case consultation
 - 116
- Conventional 175
- Coordinator 299
- Copies
 - hard 236
- Coping with change 259-60
- Corey, G. 68, 222, 225, 347, 357, 365
- Corey, M. 347, 356, 365
- Cormier, L.S. 63, 68
- Cormier, W.H. 63, 68
- Corns, R. 358, 365
- Costello, M. 25, 45
- Cottingham, H.F. 327, 340
- Cottle, W.C. 327, 340
- Council for the Accreditation of
 - Counseling and Related Educational
 - Programs (CACREP) 331
- Counseling 222
 - Adlerian 53-5
 - behavioral 61-2
 - by business and industry 43
 - college level 14-6
 - differs from 50
 - diverse settings 16-8
 - during the 1980s and 1990s 38-44
 - elementary schools 40
 - establishing goals 51
 - family 255-77
 - future 18, 38-44
 - gerontological 36
 - gestalt 56-7
 - growth 1-18
 - helping process 49-52
 - increase in need for 43
 - integrating major approaches 62-7
 - integration 73-4
 - licensure 18
 - origins 1-18
 - person-centered 55
 - preventive 39, 40
 - professionalization 324-7
 - psychoanalytic 52-3

- remedial 39
- rational behavior 61
- rational emotive 57-61
- roots of 4-11
- school 11-4, 39-40
- selected approaches 52-62
- specialties 42
- techniques 49-67
- terminating 51-2
- TFA 63
- theories 49-67
- trends in 43-4
- Counseling process
 - with families 262-4
- Counselor
 - accountability 40-1
 - mental health 42
 - preparation 41-2
 - private practice 286
 - professional 286
 - specialization 280-1
 - strategies 222-3
- Counselor's intuition 272
- Courts 284
- Cramer, S.H. 163, 164, 165, 166, 173, 174, 175, 176, 179, 182, 187, 193
- Credentialing 323-42
 - adverse effect 336-7
 - employment entry 337
 - evaluating 323
 - governmental agencies 332-5
 - history 327-9
 - issues 336-8
 - non-governmental agencies 335
 - process 325
 - specialized 337
- Credentials
 - accreditation of counselor
 - preparation programs 330-2
 - credentialing by governmental agencies 332-5
 - credentialing by nongovernmental agencies 335
 - granting of graduate degrees in counseling 332
 - sources 329-35
- Croner, U.H.E. 153
- Cull, J.C. 213, 225
- Culture
 - definition 205-6
- Cystic Fibrosis Foundation (CFF) 305

D

- Daniel, R.W. 43, 44, 45
- Data
 - demographic 79
- Daughton, S. 182, 194
- Davis, J.W. 325, 340
- Davis, Jesse B. 11
- Davis, K.L. 352, 365
- Decision-making theories 179-80
- Demyan, P. 245, 251
- Denkowski, G. 354, 365
- Denkowski, K. 354, 365
- Department of Labor 143, 144, 145
- Department of Social Services 312
- Departments of Rehabilitation Services (DRS) 319
- Desensitization 61
- Developmental theory 176-9
- DeVoe, M.W. 298, 299, 321
- Difficulties
 - present 79
- Dinkmeyer, D. 54, 68, 108, 110, 113, 132, 133
- Dinkmeyer, D.C. (Jr) 54, 68
- Directories 290
- Disability 208
 - definition 208
- Disk drives 236
- Disk operating system (DOS) 232
- Disorders
 - previous 79
- Disparity
 - Economic 23
 - Racial 23
- Displaced, occupationally 188-9
- Dissonance 217
- Distracting 258, 259
- Divorce
 - rate 27
- Doe v. Roe and Poe 360, 365
- Dorken, H. 326, 340
- Dot matrix printers 236
- Draguns, J. 207, 225
- Drier, H. 147, 159
- Drugs and alcohol
 - use of 40
- DuBois, P.H. 3, 19
- Dunal-Hansen 186
- Dusy, John 2

E

- Easter Seal Society for Crippled Children and Adults (ESSCCA) 305
- Eckstrom, R. 232, 233, 244, 251, 252
- Economic Change 21-45
- Economic Opportunities
 - need for 201-2
- Education
 - career 41
 - in the 1980s 25
 - lifelong 35
- Education Amendments Act of 1972, PL 92-318 203
- Education for All Handicapped Children Act of 1975, PL 94-142 90, 204, 208, 245
- Educational Information Centers (EIC) 145
- Educator 299
- Edwards, G. 34, 35, 38, 40, 41, 47
- Edwards, P. 155
- Edwards, S. 155
- Egan, G. 63, 68
- Ego 52
- Elderly 26
- Ellis, A. 57-8, 68
- Empathic responding 264
- Empathic understanding 55
- Empathy 262
- Employee-based programs 184
- Employment agencies 284
- Empty-chair 56
- Enactment 262, 264
- Engin, A.W. 333, 341
- Enterprising 175
- Epilepsy Foundation of America (EFA) 305-6
- ERIC Overview 192
- Erikson 180
- Ethical issues 345-66
 - recommendations 350-1
- Ethical Principles of Psychologists 347, 350, 352, 361, 365
- Ethical Standards for School Counselors* 347, 350, 365
- Ethical standards on consulting 129
- Ethical Standards* 347, 348, 349, 350, 352, 361, 362, 363, 364, 365
- Ethics 345-66

- limitations 348-51
- Ethics in consulting 129-31
- Ethnicity
 - definition 205
- Etzioni, A. 324, 340
- Evaluation 272
 - career information 157-8
 - of consulting 127-9
 - steps 128-9
- Experiential therapy 55
- Express 65

F

- Face validity 75
- Factors
 - during the 80s 30-8
 - economic change 21-45
 - of the 60s and 70s 23-30
 - social change 21-45
- Fair Labor Standards Act in 1938 6
- Fairfax County Area Agency on Aging 45
- Families Anonymous (FA) 312-3
- Family 79
 - assessment 258-61
 - characteristics of the functional 257
 - history 263
 - problems 27-8
 - sculpting 262
 - sculpture 272
 - systems theory 256-7
 - themes 269
- Family counseling 255-77
 - approaches 268-72
 - history 256
 - models 268-72
 - supervision 273
 - training 273
- Family Educational Rights and Privacy Act of 1974 90
- Farmer, H.S. 89, 99
- Fear
 - of nuclear accidents and war 32
- Federation of Parents and Friends of Lesbians and Gays (Parents F.L.A.G.) 313
- Feingold, S.N. 34, 41, 42, 45

Feller, R. 233, 251
 Ference, C.M. 326, 340
 Fidgetometer 85
 Fiedler, F.E. 67, 68
 Fields in Roe's theory 174
 Figler, H.E. 183, 193
 Fisch, R. 271, 277
 Fisher, C.D. 287, 295
 Flanders, R. 146, 159
 Flooding 62
 Floppy disk 236
 Formulator 299
 Forrest, D.V. 46
 Fram, D. 40, 46
 Framo, J. 269, 276
 Fredrickson, R.H. vii, 158, 159
 Free association 53
 Freidson, E. 323, 340
 Fretz, B.R. 326, 327, 328, 340
 Freud, Sigmund 52, 53
 Friedman, M. 333, 340
 Froehle, T. 110, 133

G

Gaines-Carter, P. 37, 46
 Gallessich, J. 108, 110, 114, 118, 130, 133
 Gamblers Anonymous (GA) 313
 Game of dialogue 56
 Ganikos, M.L. 35, 36, 46
 Garfield, S.L. 67, 68
 Gazda, G.M. 326, 341
 Gelatt, H.B. 180, 247, 251
 Genetic endowments 181
 Genogram 263, 269
 Genuineness 55
 George, R.L. 53, 68
 George-Dean Act 168-9
 Gerstein, M. 144, 159, 185, 192
 Gestalt therapy 56-7
 strengths 57
 Getz, Hildy G. vi, 254, 255
 GI Bill 16
 Gibson, R.L. 165, 166, 169, 183, 192, 333, 341
 Gilbert, J.P. 251
 Gimlin, H. 46

Ginsburg, S.W. 176, 192
 Ginzberg 164, 166, 171, 176, 178, 192
 Glasser 62, 68
 Goodstein, L.D. 107, 133
 Goodyear, R.K. 233, 251
 Gordon, C. 330, 340
 Gossett, J.T. 257, 276
 Government
 loss of faith in 29-30
 Governmental agencies
 credentialing 332-5
 Graduate degrees 332
 Gray Panthers 26
 Gray, H.D. 223, 226
 Green, B.F. 215, 225
 Greist, J.H. 252
 Gressard, C.F. 198, 225
 Gross, D. 129, 130, 133
 Gross, S.J. 327, 341
 Group
 living patterns 31
 Growth of counseling 1-18
 Guerrieri v. Tyson 362, 365
 Guidance
 vocational 4-5
 Gysbers, N.C. 163, 165, 178, 181, 182, 192
 Gysbers, N.G. 158

H

Hagberg, J. 184, 192
 Haley, J. 256, 271, 276
 Hall, G. Stanley 7
 Hamer, J. 32, 46
 Handicap 208
 definition 208
 Handicapped 208-9
 adults 209
 children 209
 Hansen, S. 185, 193, 211
 Harclerod, F. 330, 341
 Hardware
 nuts and bolts 234-6
 Hardy, R.E. 213, 225
 Harris, W.G. 252
 Harris-Bowlsbey, J. 144, 159, 241, 251, 252
 Hart, J. 55, 68

- Haynes, K.S. 290, 295
 Hays, D.G. 21, 22, 38, 46
 Hazen, Edward 3
 Health
 concern for 28
 holistic 38
 Helpee 106
 Henkels, M.T. 99
HEP 85 Higher Education Directory 154
 Heppner, M.J. 93, 99
 Herma, J.L. 176, 192
 Herr, E.L. 14, 19, 159, 163, 164, 165,
 166, 173, 174, 175, 176, 179, 182,
 187, 193
 Hesser, A. 189, 193
 Hirsh, S. 184, 192
 Hispanic-Americans 214-5
 History
 chronological developmental 79
 medical 79
 Hoffman, M.A. 99
 Hogan, D.B. 327, 341
 Hohenshil, T.A. 188, 193
 Hohenshil, T.H. 365
 Holland, J.L. 166, 167, 174, 175, 192,
 193
 Hollis, J.W. 41, 42, 46, 109, 133, 332,
 341
 Holloway, E. 104, 109, 127, 135
 Holmes, T. 259, 276
 Holtzman, W.H. 239, 252
 Hoover, R. 144, 159
 Hopke, W.E. 153
 Hopkins, R.A. 292, 295
 Hoppock, R. 159
 Hospice programs 287
 Hospices 308
 House, E.W. 211, 224
 Howard, A. 96, 99, 333, 341
 Hoyt, K. 14, 19
 Huarte, Juan 3
 Hughes, E.C. 326, 341
 Hull House 6
 Hulse, L.S. 154
 Hume, K.R. 198, 225
 Humes, C.W. vi, 1, 14, 19, 40, 46, 107,
 133, 188, 193, 196, 197, 199, 225,
 245, 252, 246, 300, 321
 Hummel, D.L. 40, 46, 108, 134, 300,
 321, 346, 351, 352, 354, 356, 358,
 359, 365, 366
 Hunter, J.M. 154
 Hutchins, D.E. 48, 49-50, 63, 68
- I**
- I take responsibility for 57
 Id 52
 Identity
 formation 260-1
 Imagery 62
 Impairment 208
 definition 208
 Impression
 overall 78
Index of Majors 153
 Indigenous facilitator 223
 Individual-based programs 185-6
 Individualized Education Program (IEP)
 203, 245
 Information 72
 processing 258-9
 significant others 86
 Information System for Vocational
 Decisions (ISVD) 180
 Initiator 299
 Intake interview 77-80
 Interest 166
 expressed 83
 inventoried 83
 manifest 83
 Interference, intentional 358
 definition 358
 Interpreter 299
 Intervention
 with the client 265
 with the family 267-8
 Interviews 77-80
 structured 80
 Introspection 217
 Inventories
 interest 83
 personality 84
 standardized 84
 Investigative 175
 Isaacson, L.E. 159, 168, 193
 Issues
 credentialing 336-8
 ethical 345-66

legal 345-66
Ivey, A. 68

J

Jackson, D.D. 256, 276
Jackson, J. 155
Jacobsen, T.J. 151, 159
Janssen, K. 33, 45
Jensen, A.R. 80, 99
Jepson, D.A. 171, 193
Jewish Social Service Agencies 311-2
Job Training Partnership Act of 1982,
 (JTPA) PL 97-300 169-70, 204
Johnson, C.A. 183, 193, 232, 233, 234,
 244, 251, 252
Johnson, J.H. 252
Johnson, S.M. 216, 226
Joining 262, 270
Jones, J. 130, 134, 180
Juvenile Diabetes Foundation
 International (JDF) 308

K

Kahnweiler, W. 108, 133
Kaplan, M. 211, 225
Katz, M.R. 139, 144, 159, 252
Kaye, K.R. 153
Kazdin, A.E. 61, 69
Kendall, P.C. 86, 100
Kerber, K. 239, 253
Keyser, D.J. 87, 100
Kinnick, B. 354, 365
Kirby, J. 97, 100, 105, 120, 133
Klein, M.H. 252
Kline, P. 75, 76, 85, 100
Knoll, G. 233, 251
Knowdell, R.L. 184, 189, 193
Knowledge, personal 290
Koocher, G.P. 327, 341
Kosinski, F.A., Jr. 335, 341
Kottler, J. 345, 347, 350, 360, 366
Kragie, E.R. 162, 163, 190, 193

Krannich, R.L. 155
Krogman, W.M. 205, 225
Krumboltz, J.D. 69, 104, 133, 180
Kuhn, Margaret (Maggie) 26
Kuriloff, P.J. 90, 100
Kurpius, D. 107, 110, 120, 133
Kurtz, R. 67, 68

L

La Leche League International (LLL)
 313
Laity, J. 153
Langley, R. 46
Laszlo, E. 30, 46
Law, J. 94, 100
Lawrence, P. 119, 133
Lee, J. 251
Legal issues 345-66
Legislation 168-71
 major thrusts 202-4
Leider, Robert 154
Leisure
 definition 140
Lemire, D. 34, 46
Lepper, M.R. 231, 252
Leuchtenburg, W. 28, 46
Leukemia Society of America (LSA) 308
Levels in Roe's theory 174
Levine, A.S. 33, 46
Levy, R.C. 46
Lewis, J.M. 25, 30, 45, 257, 276
Liability, civic 357-62
 history 357
Liability, strict 358
 definition 358
Licensing
 definition 334
 first law 333
Licensure
 first state 347
 legislation issues 338
Life career rainbow 177-8
Lifestyle 54
 definition 206
Linden, J.D. 73, 100
Linton, R. 225, 226
Lippitt, G. 110, 118, 119, 120, 134

Lippitt, R. 104, 110, 118, 119, 120, 133, 134
 Listening 264
 Litigation
 continuing emphasis 38-9
 questions for counselors 362
 Litwack, L. 354, 365
 Logan, N. 215, 216, 222, 225
 Lonner, W.J. 225
 Lorsch, J. 119, 133
 Lovejoy, C.E. 153
 Lowman, R.L. 333, 341
 Lutheran Social Services 311-2

M

Macmillan Guide to Correspondence Study (The) 154

Madox, E. 252
 Make Today Count 313-4
 Malnig, A. 153
 Malnig, L.R. 153
 Maples, M.F. 40, 46
 March of Dimes 309
 Marshall, B. 151
 Marcon, M. 155
 Marion, R.L. 212, 226
 Marlowe, H.A. 298, 299, 300, 321
 Marlowe, J.L. 298, 299, 300, 321
 Marsh, J. 354, 365
 Marshall, B. 159
 Martin, G.M. 148, 151, 159
 Martin, R. 120, 134
 Maslow, A.H. 200, 225
 Matheson, M. 153
 Maulsby, M.C. Jr 61, 69
 Mayer, R. 104, 134
 Mayleas, D. 155
 McCann, W. 358, 365
 McCaslin, R. 290, 295
 McClain, T. 298, 299, 321
 McClare, G. 282, 295
 McDaniels, C. 136, 137, 140, 145, 148, 149, 154, 160, 161, 167, 185, 189, 191
 McDavis, R.J. 212, 225
 McGoldrick, M. 259, 276
 McGreevy, C. 110, 134

McIntosh v. Milano 360, 366
 McKinlay, B. 144, 160
 Meals on Wheels (MOW) 309
 Measures
 objective 85
 subjective self-report 85-6
 Meerback, J. 151, 160
 Meichenbaum, D. 62, 69
 Mental health 124-5
 consultation 115-6
 counselors, increase in need 42
 settings 94-6
 systems act 124
 Meo, Kandyce K. 48, 49
 Meyers, J. 114, 120, 127, 134
 Mickelson, J.S. 290, 295
 Miles, J.H. 102, 103, 108, 119, 120, 134, 188
 Military Educators and Counselors Association (MECA) 17
 Military services 284
 Millard, T.L. 283, 288, 290, 295, 299, 321
 Millburn, N.P. 251, 252
 Miller, C.H. 2, 19, 77, 183, 193
 Miller, E.L. 100
 Miller, J.N. 333, 341
 Miller, J.V. 100
 Miller, J.W. 330, 341
 Miller-Tiedeman, A. 180, 185, 186, 193
 Mills, D.H. 326, 327, 328, 340
 Miner, James B. 9
 Minorities 199-200
 attitude toward others, *Table* 218-9
 attitude toward self, *Table* 218-9
 definition 206
 ethnic 188
 racial 188
 stages of development 217, *Table* 218-9, 220-1
 Minority identity development (MID)
 model 201, 216-22
 Table 218-9, 220-1
 Minuchin, S. 270, 276
 Mitchell, A.M. 89, 100
 Mitchell, M.H. 165, 166, 169, 180, 183, 333, 341
 Model
 career planning 181
 experiential 272

psychodynamic 268-70
 strategic 271-2
 structural 270-1
 Modeling 61, 62
 Modem 236
 Mongoloid 205
 Monitor 299
 Moore, D. 155
 Moore, E.J. 163, 165, 192
 Moracco, J.C. 94, 100, 108, 134
 Morten, G. 198, 201, 205, 206, 207,
 216, 218, 222, 224
 Mouton, J. 104, 132
 Mueller, K.H. 325, 328, 341
 Munschauer, J.L. 155
 Munsterberg, Hugo 7
 Murphy, G. 2, 19
 Murphy, L.B. 2, 19
 Murray, D. 117, 134
 Muscular Dystrophy Association (MDA)
 309
 Myers, J.E. 36, 40, 47

N

Naisbitt, J. 26, 29, 31, 34, 36, 37,
 46
 Napier, A.Y. 272, 276
 National Academy of Certified Clinical
 Mental Health Counselors 347
 National Advisory Council on Vocational
 Education 46
 National Alliance for the Mentally Ill
 (NAMI) 319
 National Alliance of Senior Citizens
 (NASC) 319
 National Association for Retarded
 Citizens (NARC) 319-20
 National Association of Anorexia Nervosa
 and Associated Disorders (ANAD) 314
 National Association of Social Workers
 (NASW) 347
 National Board of Certified Counselors
 (NBCC) 46
 National Career Development
 Association
 (NCDA) (formerly National Vocational

 Guidance Association) 17, 130, 143,
 233
 National Center for Education
 Statistics 47
 National Child Labor Committee 6
 National Commission on Excellence
 in Education (The) 47
 National Council for Accreditation of
 Teacher Education (The) (NCATE) 331
 National Defense Education Act of
 1958 v, 143
 National Employment Counselors
 Association (NECA) 17
 National Hemophilia Foundation (NHF)
 309-10
 National Kidney Foundation (NKF) 306
 National Mental Health Association
 (NMHA) 314
 National Multiple Sclerosis Society
 (NMSS) 306
 National Occupation Information
 Coordinating Committee (NOICC)
 145, 160
 National Rehabilitation Information
 Center (NARIC) 320
 National Society for Children and Adults
 With Autism (NSAC) 314
 National Spinal Cord Association
 (NSCA) 306
 National Sudden Infant Death Syndrome
 Foundation (NSIDSF) 314-5
 National Tay-Sachs and Allied Diseases
 Association (NTSAD) 306-7
 National Victims Resource Center 315
 National Vocational Guidance
 Association (NVGA) 10, 17, 160, 182
 Navin, S.L. 36, 40, 47
 Needs
 assessments 96-7
 Negener, K.C. 153
 Negligence 358-62
 danger areas 359
 definition 358
 elements, essential 358
 Negotiation 264
 Negotiator 299
 Negroid 205
 Neurotics Anonymous International
 Liaison (NAIL) 315
 Nevill, D.D. 178, 194
 Non-destructive expression 264

Non-governmental agencies
credentialing 335

Norms 76

Nutt, R. 104, 134

O

Obermann, C.E. 208, 225

Observations

structured 86

unstructured 86

Observing 262

Occupational Information System
(OIS) 145

Odell, L.M. 14, 19

Office of Vocational Rehabilitation 16

O'Hara, R.P. 179

Older American Act, PL 97-115 204

Older persons 212-4

career development 189-91

definition 212

stereotypes 213

Ombudsmun 223

Operant conditioning 61

Organizations, professional 290

Origins of counseling 1-18

Orlans, H. 330, 341

Osborne, W. 108, 134

Osipow, S.H. 173, 182, 193

Out-of-session tasks 264

Outreach 223

Overeaters Anonymous (OA) 315

P

Padilla, A.M. 214, 225

Paradoxical tasks 264

Parente, F.J. 330, 340

Parents Anonymous (PA) 315-6

Parents Without Partners (PWP) 316

Parnell, D. 153

Parsons, D. 127, 134

Parsons, F. 3, 8-9, 10, 11, 12, 18,
134, 171, 229

Parsons, R. 120, 134

Pate, R.H. 225

Patterson, C.H. 172, 292, 295

Paul, B.B. 269, 276

Paul, N.L. 269, 276

*Paying for Your Education: A Guide for
Adult Learners* 154

Pedersen, P. 225

Peevy, E.S. 148, 160

Peltasm, J.W. 153

People Animals Love (PAL) 316

Percentiles 76

Perkins, Carl D. 170

Perls, F. 56, 69

Person-centered therapy 55
strengths 55

Personality theories 173-6

Persons, handicapped 188

Peters, H.H. 300, 321

Pew, W.L. 34, 68

Pfeiffer, J. 130, 134

Phenomenological reaction 272

Phillip II of Spain 3

Phillips, B.N. 327, 341

Phillips, V.A. 257, 276

Photographs 269

Photohistory 85

Picture drawing 262

PL 85-864 169

PL 94-142 245

PL 94-482 169

PL 98-524 170-1

Placating 258

Planned behavioral task 271

Planned Parenthood Federation of
America (PPFA) 26, 307

Poor 25-6

Population

shift to an aging 36

Positive behavior 62

Poverty rate 213

Poverty Rate for Elderly Down 225

Powell, W. 132

Prandoni, J.R. 281, 295

Prata, G. 271, 276

Prediction 52

Predictive validity 75

Prescribing symptoms 264

Prest, A.P.L., Jr. 329, 341

Principles

family systems theory 256-7

Printer 236
 Private industry council (PIC) 170
 Private practice settings 94-6
 Problem
 assessment phase 262-3
 family 31-2
 presenting 78
 solving phase 263-4
 Problem-oriented records system
 (POR) 94-5
 Procedures
 designing effective 51
 Process consulting 118-9
 identifiable steps 117
 skills needed 118
 Products
 made by the client 85
 Professionalization
 counseling 324-7
 Program-centered administrative
 consultation 116
 Programs
 employee-based 184
 individual-based 185-6
 school-based 182-3
 Protest
 Youth 23-4
 Prout, H.T. 355, 365
 Psychiatric workers 286
 Psychiatrists 286
 Psychoanalysis
 strengths 52-3
 Psychodynamic
 model 268-70
 Psychologists 286
 Public announcements 290
 Public Health Departments 307
 Public Offender Counselor Association
 (POCA) 17
 Publishers, expanded role 143
 Purposes
 book ix
 Puvino, C.J. 251

Q

Quasi-legal services 284

Questioning 262
 Questionnaires 86

R

Race
 definition 205
 Rahe, R. 259, 276
 Random access memory (RAM) 235
 Rankings 76
 Rating scales 86
 Rational Behavior Therapy (RBT) 61
 Rational Emotive Therapy (RET) 57-61
 Figure, ABC's of 59
 strengths 61
 Rational Techniques 60
 Ravitch, D. 197, 225
 Raw scores 76
 Rayman, J.R. 144, 159
 Read only memory (ROM) 235
 Reading structure 270
 Realistic 175
 Reardon, R. 244, 252
 Records 87
 Recovery, Incorporated, The
 Association of Nervous and Former
 Mental Patients 316-7
 Referral 279-95
 awareness of professional
 capabilities 298
 components for utilization 298-300
 definition 281
 how to 291
 process of 288-93
 reasons for 281-2
 resources for 283-8
 responsibilities of referring
 counselor 291-2
 suggestions 293-4
 to whom to refer 290
 understanding of the client's
 characteristics 298
 when not to 289
 when to 288-9
 Reflecting client feelings 55
 Reflective 55
 Reframe 263
 Reframing 264, 271
Regulations of the Board of Behavioral

- Science 347, 366
- Rehabilitation Act of 1973, PL 93-112
 - 90, 203
- Relabeling 271
- Relationship
 - building 50
- RELAX 232
- Reliability 76
- Remley, Theodore P., Jr. 322, 323
- Reposition 263
- Resistance and immersion 217
- Resnikoff, A. 233, 253
- Resources
 - availability 300-21
 - community 287-8, 297-321
 - educational 285-6, 302, 317-20
 - for collaborative working 283-8
 - for referral 283-8
 - medical 286-7
 - physical health 300, 302-10
 - psychosocial 301, 310-7
 - vocational 302, 317-20
- Respect 262
- Responsibilities
 - of receiving counselor 292-3
 - of referring counselor 291-2
- Restructuring 263, 270
- RET 57-61
- Reversal 57
- Revolution
 - computer driven 230-1
- Richards, Lysander S. 4
- Richmond, L.J. 228, 245, 246, 251, 252
- Riesman, D. 187
- Riis, Jacob 5
- Riker, H.C. 213, 214, 225
- Riskin, J. 256
- Rist, M.C. 170, 194
- Robinson, E.H. 233, 252
- Robinson, R. 90, 100
- Robinson, S. 107, 110, 120, 129, 130, 133
- Roe, A. 166, 173, 194
- Rogers, C. 55, 69, 164, 172
- Roi, G. 155
- Role
 - structuring 261
- Role models
 - need for 199
- Roles
 - advocate 119
 - alternative identifier 119
 - collaborative 118-9
 - informational expert 119
 - linker 119
 - of consultants 118-9
 - point problem solving 119
 - trainer/educator 119
- Roots of Counseling 4-11
- Rotter, J.C. 233, 252
- Roy v. Hartogs 361, 366
- Ruesch, J. 258, 276
- Ruiz, R.A. 214, 225

S

- Saeki, C. 2, 19
- Safety
 - concern for 28
- Salomone, P.R. 182, 194
- Samler, J. 231, 252
- Sampson, J. 238, 239, 252
- Sanchez, Rodrigo 3
- Satir, V. 256, 258, 272, 276
- Scannel, N. 215, 225
- Scheele, A. 155
- Schein, E. 106, 117, 123, 134
- Schiffman, G. 245, 251
- Schmidt, J.J. 39, 47, 108, 134
- Schmuck, R. 117, 134
- School consultation 125-6
- School counseling 13-4, 39-40
 - early efforts 11-13
- School-based programs 182-3
- Schools 89
 - private secondary 285
 - public 285
- Schuh, J.H. 282, 295
- Scores
 - raw 76
 - stanine 76
 - T 76
 - types of 76
- Scott, W.R. 325, 341
- Sears, S. 160, 194
- Selden, W.K. 330, 341
- Selection 72
- Self acceptance
 - teaching 60

- Self concept 165
- Self esteem 165
- Self management 61
- Self statements
 - new 60
- Self-fulfillment 200-1
- Self-identity 201
- Seligman, L.H. 70, 71, 75, 79, 83, 171, 194
- Selmi, P.M. 239, 252
- Selvini-Palazzoli, M. 271, 276
- Services
 - appraisal 71-99
- Sessions for the client with the family
 - of origin 269
- Sewall, Karen Simon 296, 297
- Shahnasarian, M. 252
- Shanas, B. 355, 366
- Shatkin, L. 242, 252
- Shimberg, B. 30, 39, 47, 73, 100, 120, 126, 134, 194, 298, 299, 321, 333, 342
- Shipton, W.C. 282, 295
- Shultz, J.L. 333, 340
- Simek-Downing, L. 68
- Sinclair, P. 330, 331, 342
- Sinclair, Upton 5
- Single parents 215-6
- Sinick, D. 189, 194
- Situational dynamics 272
- Smith, C.W. 216, 225
- Smith, R.M. 216, 225
- Snipes, J.K. 148, 160, 161
- Snyder, D.K. 95, 100
- Snyder, D.P. 34, 35, 38, 40, 41, 47
- Social 175
- Social Change 21-45
- Social learning theory 180-1
- Social services agencies 284
- Social skills training 62
- Social workers 286
- Society
 - multi-cultural 36-7
- Software 231-2
 - evaluation 233-4
 - examples 241-4
 - identifying 233-4
- Sources for career information
 - from state capitol sources 156
 - local 146
 - other useful sources 155
 - primary sources 153-4
 - secondary sources 154-5
- Spargo, John 5
- Special populations 197-226
 - acceptance by society 202
 - career opportunities 199-200
 - common needs 198-202
 - consultation 222-3
 - counseling 222
 - counseling needs of 197-226, 207-23
 - definition 197-8
 - economic opportunities 201-2
 - indigenous facilitator 223
 - ombudsmun 223
 - outreach 223
 - role models, need for 199
 - self-fulfillment 200-1
 - self-identity 201
 - stereotypes, elimination 198-9
- Specific learning disabled (SLD) 217
 - Table 220-1
- Splete, H. 108, 134
- Spokane, A.R. 99
- Springer, H.C. 333, 340
- Sputnik 13
- Stage-oriented concept
- Stage-oriented model 117
 - consultation 119
- Standards
 - definition 346
 - ethical 346-51
 - limitations 348-51
 - professional 346
 - protection 347-8
 - reasons for 347
- Stanine scores 76
- State Employment Commissions 320
- State Occupational Information
 - Coordinating Committee (SOICC) 145
- Statkin, L. 144, 159
- Status
 - mental 78
- Steffens, Lincoln 5
- Stencel, S. 27, 33, 47
- Stepfamily Association of America 317
- Stephens, W.R. 6, 19
- Stereotypes 167-8
 - elimination 198-9
- Stern, B.E. 145, 161
- Stewart, L. 327, 328, 330, 342
- Stone, S.C. 30, 39, 47, 120, 126, 134,

194, 298, 299, 321
 Stoughton, R.W. 328, 342
 Strategies
 counselor 222-3
 Strong, Edward K. 9
Student Guide for Federal Financial Aid Programs (1984-85) (The) 155
 Student Personnel Association for
 Teacher Education 17
 Stumpf, S.A. 184, 194
 Sturdevant, A.D. 333, 342
 Sturgis, P.K. 326, 340
 Sue, D.W. 198, 201, 205, 206, 207, 216, 218, 222, 224
 Sue, S. 201, 226
 Suggestions
 for new counselors 293-4
 Suicide 27
 Sullivan, E. 155
 Sulzer, B. 104, 134
 Sundal-Hansen, L.S. 187, 194
 Sunshine Foundation 317
 Super, D. 16, 163, 165, 177, 178, 181, 231, 252
 Superego 52
 Superreasonable 258
 Supervision
 family counseling 273
 Supervisor, professional 299
 Sweeney, T.J. 36, 40, 41, 47, 324, 333, 342
 Sweetland, R.C. 87, 100

T

- Talbutt, C. 346, 351, 352, 354, 356, 358, 365
 Talbutt, L.C. 344, 345, 347, 348, 349, 359, 366
 Talmy, S. 232, 252
Tarasoff v. Regents of The University of California 349, 360
 Taylor, Frederick W. 7
 Teamness 280
 Techniques
 counseling 49-67
 expanded role 144
 influence of 32-4
 new 29
 Temples 288
 Tests
 ability 81
 aptitude
 battery 87
 criticisms 80
 group 87
 intelligence 81
 nonstandardized 80-5
 personality 84-5
 projective 84
 standardized 80-5
 TFA 63
The College Blue Book 153
 The National Defense Education Act (NDEA) 13-4
 Theories
 career development 171-81
 counseling 49-67
 family systems 256-7
 social learning 180-1
 Theories of career development
 decision-making 179-80
 developmental 176-9
 personality 173-6
 social learning 180-1
 trait-factor 171-3
 Therapists
 private practice 286
 Therapy
 Adlerian 53-5
 behavioral 61-2
 cognitive 62
 cognitive-behavior 62
 gestalt 56-7
 integrating major approaches 62-7
 person-centered 55
 psychoanalytic 52-3
 rational-emotive 57-61
 Thinking-feeling-action (TFA)
 Figure 64, 65, 67
 system 63
 Third world
 definition 206
 minorities 206
 Third-party payments 338
 Thoresen, C.E. 61, 69, 104, 133
 Thought-stopping 62
 Tiedeman, D.V. 144, 161, 179, 180, 185, 186, 231, 246, 247, 250, 252

Time-lines 86
 Tindall, J. 223, 226
 Token economies 62
 Tokunaga, H. 129, 134
 Tolbert, E.L. 175, 176, 179, 180, 181, 210, 211, 213, 214, 194, 226
 Tomlinson, T. 55, 68
 Top dog 56
 Toren, N. 326, 342
 Tracking 262
 Training
 family counseling 273
 Trait-factor 171-3
 Trends
 career development 186-91
 Trivett, D.A. 330, 342
 Troll, L. 190, 194
 T-scores 76
 Tugend, A. 170, 194

U

Ulschak, F.L. 97, 100
 Umansky, D. 104, 109, 127, 135
 Unconditional positive regard 55
 Underdog 56
 Understand 65
 Understanding 72
 Undifferentiated family ego mass 269
 Unemployed 25-6
 United Cerebral Palsy Association
 UCPA)
 307-8
 United States Bureau of the Census 47
 United States Department of Labor 47
 United States Employment Services
 (USES) 168
 Universities 285
 four-year 285
 Unravel 65
 Urbano, R.C. 282, 295
 U.S. Department of Labor 345, 366

V

Vacc, N.A. 77, 80, 100, 198, 208, 225, 226

Validity 75
 concurrent 75
 construct 75
 face 75
 Values 165
 Van Hoose, W. 345, 347, 350, 360, 366
 Veterans Administration (VA) 16, 24
 Video cathod ray tube (VCR) 236
 Video disk technology 236
 Video tapes 269
 Vietnam War 24-5
 Viewing screen 235
 Violence 27
 Vital Information for Education and Work (VIEW) 144
 Vocational Education Act 169, 170
 Vocational guidance 4-5
 Voice synthesizers 236
 Von Bertalanffy, L. 256, 277
 Vontress, C. 36, 47

W

Wagman, M. 239, 253
 Wagner, C.A. 353, 366
 Wagner-Peyser Act 168
 Walz, G.R. 44, 47, 184, 189, 194, 232, 253
 Wantz, R.A. 41, 42, 46, 109, 133, 332, 341
 Ward, D. 63, 69
 Ware, W.B. 333, 340
 Warfield, J.L. 212, 226
 Watson, J.D. 33, 47
 Watt, J.B. 251
 Watzlawick, P. 271, 277
 Wayne, G. 329, 342
 Weakland, J. 256, 271, 276, 277
 Weaver, Eli 11, 12
 Webb, J.T. 326, 340
 Weikel, W.J. 43, 44, 45
 Weiker, J. 38, 47
 Weinrach, S.G. 163, 172, 175, 194, 289, 292, 294, 295
 Weizenbaum, H. 239, 253
 Whitaker, C.A. 272, 276
 Whitely, J.M. 233, 253
 Widows and widowers 191
 Wilhelm, W. 185, 195

Willets, R. 298, 299, 300, 321
 Williams, C.P. 169, 192
 Williamson, E.G. 19, 172
 Wilmarth, R.R. 94, 100
 Wilson, N.H. 233, 252
 Wirth, L. 206, 226
 Wittmer, J.P. 198, 225, 226
 Wolf, B. 15, 17, 19
 Wolfe, H.E. 210, 226
 Wolpe, J. 69
 Women 209-11
 approaches to career development
 186-7
 attitudes toward 210-11
 occupational profile 187
 work force 27
 Worington, M. 155
 Work
 definition 139
 Work force
 women 27
 Worker, displaced 188-9
 Worsnop, R. 46
 Wrenn, C.G. 15, 39, 40, 41, 47, 107,
 135, 183, 195, 231, 232, 253

Wundt, Wilhelm 8
 Wyne, M. 132

Y

Yammer, M. 129, 132
 Young Men's Christian Association
 (YMCA) 317
 Young Women's Christian Association
 (YWCA) 317

Z

Zaccaria, J. 171, 195
 Zeiss, A.M. 216, 226
 Zeiss, R.A. 216, 226
 Zingaro, J.C. 353, 366
 Zins, J.E. 292, 295
 Zipkin v. Freeman 360, 366
 Zytowski, D.G. 3, 19, 73, 89, 92, 101

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